

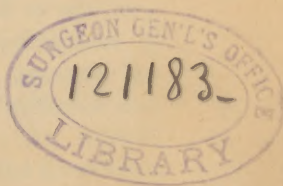




A
MANUAL
OF
THERAPEUTICS.

(Homoeopathic)

BY
✓
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PREFACE.

MUCH of what I have said in preface to the first part of this work is applicable also to the present volume. I have, moreover, in the "Introductory" Letter of the following series explained the principles which have guided me in this, the therapeutic portion of my undertaking. I have a very few words to add in this place.

I have strictly kept before me the object I originally proposed, viz. to supply a manual of Homœopathic practice suitable "for students and beginners." I have written for these, and not for men of standing and experience. I have attempted to put in a compact and accessible form those applications of remedies to disease which general consent has stamped as *classical*. These are the alphabet and grammar of Homœopathic practice: the student must learn them, and cannot acquire the knowledge of them by chance or instinct. The practitioner of standing, on the other hand, is ever endeavouring to overflow and pass over these well-beaten boundaries. He is seeking for remedies for diseases hitherto neglected, for more accurate adaptations of the medicines he has already learnt to apply, for new weapons from the great armoury of Nature wherewith to make his strokes more effectual. For him I have indeed a suggestion here and there: but I

have not his wants primarily in view. The development of the Materia Medica on the one side, the increased knowledge of disease on the other, are what he needs: and these things are beyond my present scope. But if I can make the study of Homœopathy less bristling with difficulties, and the early attempts at its practice less tentative and haphazard, I think I shall have done good service. We should have been a larger band than we are, were it not for the many would-be students who have been repelled and the many beginners who have fainted and turned back for lack of a guide.

If the present volume shall meet the kindly reception accorded to its predecessor I shall have every reason to be content.

BRIGHTON; *February*, 1869.

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LETTER I.

INTRODUCTORY.

MY DEAR ———

It is now some time since I wrote you my last letter on Pharmacodynamics. In its concluding sentences I promised ere long to enter with you upon Therapeutics,—to tell you what Homœopathy can do for the manifold forms of disease, and how it does it. That it is necessary I should thus take up the subject from the side of disease, you have already found in working with my former letters. You have wished that I had affixed to them a clinical index, noting against the various maladies of the human frame the medicines I had mentioned as useful in their treatment. Indeed, you have seriously thought about compiling some such index for your own use, did I not speedily provide you with a fuller guide to practice. I will therefore delay no longer to redeem my promise: and will begin at once to write you a series of letters on Therapeutics.

Let us distinctly understand what it is I propose to do for you in the following letters. You do not want me to write you a treatise on the Practice of Physic. You know disease as well as I do. I can

tell you nothing about the history, the diagnosis, or the pathology of its various forms but what you know already, or at any rate may acquaint yourself with by consulting the authorities on your bookshelves. You will meet me half-way here: and I may spare myself the travel over the familiar road. What you want to know is this. Here is a recognised malady. You have been accustomed to treat it in such and such a way, and with such and such success. Has Homœopathy discovered how to treat it better? How far shall you be justified in any given case in dispensing with measures which, however rude, are *tried*, and trusting unreservedly to the action of specific medicines? The question is a fair, and indeed an imperative one for you to put. The law of similars, relating as it does solely to the dynamic action of medicines, has obviously limitations inherent in its own nature. It is farther only capable of application to practice when similarly acting medicines have been discovered. There may be diseases therefore which lie beyond its possible range. Still more likely is it that there are diseases which have not yet come within its practical range. Accordingly, our first step must be to inquire what Homœopathy can do—as compared with the capabilities of Old Physic—in each malady that comes before us. And next you will require to know what are the specific remedies with which success has hitherto been obtained: and how far they need supplementing by auxiliary means.

To answer these questions, from a survey of Homœopathic literature and from my own expe-

rience, will be my only and sufficient task. I shall say no more upon the nature of the various diseases than is necessary for their identification, that we may know we are thinking of the same thing. Confining ourselves thus to their prognosis and treatment, we shall save an infinity of time and space: and shall be devoting our energies to what are really the only points on which your adoption of Homœopathy requires you to have fresh knowledge and modified views.

In executing such a work, moreover, I shall be doing something for you which you will not find in any volume now extant. The few manuals of general therapeutics which the Homœopathic school has produced are framed upon a much more ambitious scale. They aim at being complete Treatises on the Practice of Medicine, and at superseding, for Homœopathic students and practitioners, the ordinary text-books. Shall I confess that this "vaulting ambition" of theirs seems to me to

"overleap itself
And fall on the other side" ?

Can they describe like Watson, or compile like Aitken? I have not seen the recent works of Bähr and Kafka: but I have before me Laurie's "Elements of the Homœopathic Practice of Physic," Hartmann's "Acute and Chronic Diseases and their Homœopathic Treatment," and Marcy and Hunt's "Homœopathic Theory and Practice of Medicine." Dr. Laurie's book was probably useful once: but it is imperfect in the extreme. It omits numerous forms of disease: and in recommending

medicines rarely tells us whether the choice is made on *à priori* considerations, or from actual experience. Hartmann, garrulous, credulous, yet practical, is out of date;—his pathology is obsolete, and his nomenclature barely intelligible. Of Drs. Marcy and Hunt's attempt I have spoken at large in vol. xxiii of the 'Brit. Journ. of Hom.,' p. 475. I regret that I cannot recommend a work which must have cost its authors so much pains.

The truly valuable therapeutical literature of our school consists in the clinical records scattered throughout its periodicals, or brought together in the collections of Rückert and Beauvais (Roth): and in the monographs we have on special forms of disease. To these I shall make copious reference as I go on. I shall also occasionally mention the text-books, when their treatment of any subject is instructive. My letters will thus serve as an index to our therapeutic literature at large: so that under its guidance you will be enabled to read up the most that has been written on any malady which is demanding your special attention.

In making a *classification* of diseases for my purpose, I have not aimed at any striking novelty. Before the appearance of Dr. Russell Reynolds' "System of Medicine" I had already adopted his division of maladies into "General" and "Special." I have ventured, however, to call the general diseases "blood-diseases"—grouping them accordingly; and have omitted from their number all which more obviously belong to the disorders of particular organs. Such are mumps, diarrhœa, dysentery, and cholera,—which I place among the diseases of

the alimentary canal and its associated glands : and influenza and hooping-cough, which I relegate to the sphere of respiratory disorders. I have also introduced the diseases of certain organs,—as the eyes, ears, bones, and joints,—which are usually supposed to belong to Surgery, but to which Homœopathic Medicine has much to say. The result has been the following grouping, which will at least be practical and intelligible, and which I think omits no morbid state of importance.

I. BLOOD DISEASES.

PLETHORA.	EPIDEMIC CEREBRO-SPINAL
ANÆMIA.	MENINGITIS.
SCURVY.	AGUE.
PURPURA.	REMITTENT FEVER.
SCROFULOSIS.	VARIOLA.
TUBERCULOSIS.	VARICELLA.
CANCER.	MEASLES.
GOUT.	SCARLATINA.
RHEUMATISM.	RÖTHELN.
RHEUMATIC GOUT.	DENGUE.
GONORRHEAL RHEUMATISM.	MILIARIA.
FEBRICULA.	HYDROPHOBIA.
TYPHUS.	GLANDERS.
TYPHOID.	MALIGNANT PUSTULE.
RELAPSING FEVER.	SYPHILIS.
YELLOW FEVER.	SYCOSIS.
PLAGUE.	

II. DISEASES OF THE NERVOUS SYSTEM.

DISEASES OF THE HEAD.	<i>Melancholia.</i>
<i>Meningitis.</i>	<i>Dementia.</i>
<i>Phrenitis.</i>	<i>Idiocy.</i>
<i>Softening.</i>	<i>General Paralysis of the</i>
<i>Apoplexy.</i>	<i>Insane.</i>
<i>Mania.</i>	<i>Hypochondriasis.</i>

DISEASES OF THE HEAD—continued.

*Delirium Tremens.**Headache.**Vertigo.**Insomnia.**Injuries of the Head.*

DISEASES OF THE SPINAL CORD.

*Meningitis.**Myelitis.**Congestion.**Irritation.**Hæmorrhage.**Softening.**Induration.**Atrophy.**Concussion.*

PARALYSIS.

THE NEUROSES.

*Epilepsy.**Tetanus.**Chorea.**Catalepsy.**Hysteria.**Neuralgia.**Local Spasms.*

III. DISEASES OF THE EYE.

DISEASES OF THE LIDS.

*Inflammation of the Eyelids.**Spasmodic and Paralytic Affections of the Eyelids.**Tarsal Tumours.*

DISEASES OF THE LACHRYMAL APPARATUS.

*Inflammation of the Lachrymal Sac.**Fistula lachrymalis.*

THE OPHTHALMIE.

*Conjunctivitis simplex.**Ophthalmia neonatorum.**Gonorrhœal Ophthalmia.**Purulent Ophthalmia.**Diphtheritic Conjunctivitis.**Strumous Ophthalmia.**Rheumatic Ophthalmia.**Arthritic Ophthalmia.**Syphilitic Ophthalmia.*

DISEASES OF THE CONJUNCTIVA.

Pterygium.

DISEASES OF THE CORNEA.

*Corneitis.**Opacities.*

DISEASES OF THE IRIS.

*Iritis.**Mydriasis.*

DISEASES OF THE CHOROID.

Choroiditis.

DISEASES OF THE LENS.

Cataract.

DISEASES OF THE VITREOUS.

Glaucoma.

DISEASES OF THE RETINA.

*Retinitis.**Amaurosis.**Asthenopia.**Hemeralopia.**Diplopia.**Myopia.**Presbyopia.**Photophobia.*

DISEASES OF THE RETINA—
*continued.**Photopsia.**Chromatopsia.*DISEASES OF THE OCULAR MUS-
CLES.*Strabismus.*

IV. DISEASES OF THE EAR.

DISEASES OF THE EXTERNAL
EAR.*Erysipelas aurium.**Eczema aurium.*DISEASES OF THE EXTERNAL
MEATUS.*Otitis externa.**Otorrhœa.**Polypus.**Exostosis.*DISEASES OF THE MEMBRANA
TYMPANI.*Inflammation.*DISEASES OF THE EUSTACHIAN
TUBE.*Throat-deafness.*

DISEASES OF THE TYMPANUM.

*Otalgia.**Inflammation of Mucous
Membrane.**Hypertrophy and Rigidity
of ditto.**Anchylosis of Ossicles.*DISEASES OF THE MASTOID
CELLS.*Caries.*DISEASES OF THE INTERNAL
EAR.*Nervous Deafness.**Tinnitus Aurium.*

V. DISEASES OF THE DIGESTIVE ORGANS.

DISEASES OF THE MOUTH.

*Ulcers of the Mouth.**Cancer of the Lips.*

DISEASES OF THE TONGUE.

*Glossitis.**Ulcers.**Syphilis.**Cancer.*

DISEASES OF THE TEETH.

*Odontalgia.**Parulis.*DISEASES OF THE SALIVARY
GLANDS.*Ptyalism.**Parotitis.*

DISEASES OF THE THROAT.

*Angina.**Tonsillitis.**Chronic Angina.**Diphtheria.*

DISEASES OF THE ŒSOPHAGUS.

*Inflammation.**Spasmodic Stricture.*

DISEASES OF THE STOMACH.

*Gastritis.**Ulcer.**Cancer.**Gastrodynia.**Acute Dyspepsia.**Chronic Dyspepsia.*

DISEASES OF THE STOMACH—

*continued.**Pain after food.**Acidity.**Heart-burn.**Water-brash.**Flatulence.**Vomiting.**Hæmatemesis.*

DISEASES OF THE INTESTINES.

*Enteritis.**Ulceration.**Cancer.**Hæmorrhage.**Colic.**Diarrhœa.**Dysentery.**Cholera.**Constipation.**Intestinal Obstruction.**Hernia.**Hæmorrhoids.**Fissure of Anus.**Prolapsus Ani.**Fistula in Ano.**Worms.*

DISEASES OF THE PERITONEUM.

*Peritonitis.**Ascites.*

DISEASES OF THE PANCREAS.

*Pancreatitis.**Cancer.*

DISEASES OF THE LIVER.

*Congestion.**Hepatitis.**Acute Atrophy.**Cirrhosis.**Fatty Degeneration.**Amyloid Degeneration.**Pigmentary Degeneration.**Cancer.**Jaundice.**Gall-stones.*

VI. DISEASES OF THE RESPIRATORY ORGANS.

*Nasitis.**Coryza.**Influenza.**Hay-fever.**Ozæna.**Epistaxis.**Polypus Narium.**Laryngitis.**Aphonia.**Bronchitis.**Bronchiectasis.**Emphysema.**Asthma.**Pneumonia.**Abscess of Lung.**Pulmonary Congestion.**Hæmoptysis.**Pulmonary Apoplexy.**Œdema Pulmonum.**Phthisis Pulmonalis.**Pulmonary Syphilis.**Pulmonary Cancer.**Pleurisy.**Hydrothorax.**Empyema.**Pneumo-thorax.**Pleurodynia.**Injuries of the Chest.*

VII. DISEASES OF THE CIRCULATORY SYSTEM.

DISEASES OF THE HEART.

*Palpitation.**Hypertrophy.**Dilatation.**Fatty Degeneration.**Angina Pectoris.**Pericarditis.**Endocarditis.**Chronic Valvular Disease.*

DISEASES OF THE BLOOD-VESSELS.

*Arteritis.**Aneurism.**Atheroma.**Phlebitis.**Varicosis.**Pyæmia.*

DISEASES OF THE ABSORBENTS.

Angioleucitis.

DISEASES OF THE SPLEEN.

*Splenitis.**Hypertrophy.**Leucocythæmia.*

DISEASES OF THE SUPRA-RENAL CAPSULES.

Addison's Disease.

DISEASES OF THE THYROID GLAND.

*Bronchocele.**Exophthalmic Goitre.*

VIII. DISEASES OF THE URINARY ORGANS.

DISEASES OF THE KIDNEY.

*Nephritis.**Granular Degeneration.**Amyloid Degeneration.**Fatty Degeneration.**Albuminuria.**Chylous Urine.**Diabetes.**Polyuria.**Gravel.**Azoturia.**Congestion.**Ischuria.**Hæmaturia.**Pyelitis.**Cancer.**Tubercle.*

DISEASES OF THE BLADDER.

*Cystitis.**Irritable Bladder.**Strangury.**Retention of Urine.**Stone.**Cancer.*

DISEASES OF THE URETHRA.

Stricture.

IX. DISEASES OF THE MALE SEXUAL ORGANS.

DISEASES OF THE TESTIS.

*Orchitis.**Sarcocoele.**Irritable Testicle.**Neuralgia Testis.**Impotency.**Sterility.**Spermatorrhœa.*

DISEASES OF THE TESTIS—*continued.*

Hydrocele.

DISEASES OF THE SPERMATIC
CORD.

Varicocele.

Retraction of the Testicles.

DISEASES OF THE PROSTATE
GLAND.

Prostatitis.

DISEASES OF THE PENIS AND
SCROTUM.

Gonorrhœa.

Balanitis.

Soft Chancre.

Epithelioma.

*Inflammation of the Scro-
tum.*

X. DISEASES OF THE FEMALE SEXUAL SYSTEM.

DISEASES OF THE OVARIES.

Ovaritis.

Neuralgia.

Dropsy.

DISORDERS OF MENSTRUATION.

Menorrhagia.

Amenorrhœa.

Chlorosis.

Infrequent Menstruation.

Vicarious Menstruation.

Dysmenorrhœa.

DISEASES OF THE UTERUS.

Congestion.

Hysteralgia.

Endo-metritis.

Cervico-metritis.

Leucorrhœa.

Peri-uterine Hæmatocele.

Displacements.

Polypus.

Fibrous Tumour.

Cancer.

Hydrometra.

DISEASES OF THE VAGINA AND
PUDENDA.

Vaginitis.

Vaginismus.

Vulvitis.

Acute Labial Abscess.

Cancer.

Pruritus.

Nymphomania.

*Vascular Tumour of Ure-
thra.*

STERILITY.

DISEASES OF THE MAMMÆ.

Chronic Tumour.

Irritable Tumour.

Scirrhus.

DISORDERS OF PREGNANCY.

MISCARRIAGE.

DISORDERS OF PARTURITION.

POST-PARTUM HÆMORRHAGE.

PUERPERAL CONVULSIONS.

DISORDERS OF THE PUERPERAL
STATE.

PUERPERAL FEVER.

PUERPERAL INSANITY.

DISORDERS OF LACTATION.

PHLEGMASIA ALBA DOLENS.

CRITICAL AGE.

XI. DISEASES OF THE SKIN.

EXANTHEMATA.

Erythema.
Erysipelas.
Urticaria.
Roseola.

VESICULÆ.

Eczema
Herpes.
Scabies.
Pemphigus.
Rupia.

PUSTULÆ.

Impetigo.
Ecthyma.

PAPULÆ.

Lichen.
Prurigo.

SQUAMÆ.

Pityriasis.
Psoriasis.
Lepra.

TUBERCULÆ.

Lupus.

Cheloid.

Elephantiasis.

DISEASES OF THE PAPILLÆ.

Icthyosis.
Warts.

DISEASES OF THE SEBACEOUS GLANDS.

Molluscum.
Acne.
Sycosis menti.

DISEASES OF THE HAIR FOLLICLES.

Alopecia.
Plica Polonica.
Favus.

MISCELLANEOUS.

Furuncle.
Carbuncle.
Whitlow.
Diseases of the Nail-matrix.
Ulcers.
Pruritus.

XII. DISEASES OF THE LOCOMOTIVE ORGANS.

DISEASES OF THE MUSCLES.

Myositis.
Myalgia.
Cramps.
Muscular Rheumatism.

DISEASES OF THE BONES.

Periostitis.
Nodes.
Ostitis.
Caries.

Necrosis.

Neuralgia.

Mollities Ossium.

DISEASES OF THE JOINTS.

Synovitis.
White Swelling.
Arthralgia.
Bursitis.
Ganglion.

XIII. DISEASES OF CHILDREN.

BLOOD DISEASES.

*Rachitis.**Hereditary Syphilis.**Infantile Remittent Fever.*DISEASES OF THE NERVOUS
SYSTEM.*Acute Hydrocephalus.**Chronic Hydrocephalus.**Convulsions.**Infantile Paralysis.*DISEASES OF THE DIGESTIVE
ORGANS.*Stomatitis.**Aphthæ.**Cancrum Oris.**Stammering.**Morbid Dentition.**Diarrhæa.**Colic.**Prolapsus Ani.**Tubercular Peritonitis.*DISEASES OF THE RESPIRATORY
ORGANS.*Laryngismus Stridulus.**Pertussis.**Croup.**Broncho-pneumonia.*DISEASES OF THE CIRCULATORY
SYSTEM.*Strumous Adenitis.**Tabes Mesenterica.*DISEASES OF THE URINARY
ORGANS.*Enuresis Nocturna.*DISEASES OF THE GENITAL
ORGANS.*Noma Pudendi.*

DISEASES OF THE SKIN.

*Intertrigo.**Crusta Lactea.**Porrigio Capitis.**Strophulus.**Ringworm.*

MISCELLANEOUS.

*Cephalhæmatoma.**Nævus.**Hernia.**Mastitis Neonatorum.**Icterus Neonatorum.**Scleroderma Neonatorum.**Trismus Neonatorum.*

XIV. CASUALTIES.

*Wounds.**Contusions.**Strains.**Burns and Scalds.**Chilblain.**Stings.**Fractures.**Sun-stroke.**Emotional Disturbances.*

XV. MISCELLANEOUS.

*Atrophy.**Gangræna Senilis.*

LETTER II.

“SIMILIA SIMILIBUS.”

BEFORE entering upon the main subject of the present volume, viz. the Homœopathic treatment of the various forms of disease, there are several preliminary questions on which we must come to an understanding. The chief of these is, What is Homœopathy?—wherein does it essentially consist? what does it include and what exclude? and what are your duties and limitations now that you are avowedly practising under its banner? To the consideration of this group of questions I shall devote the present letter.

Homœopathy is, *primâ facie*, the treatment of disease by medicines selected according to the rule “similia similibus curentur” “let likes be treated by likes.”* The “like” (ὅμοιον) here spoken of is explained by Hahnemann as opposed both to the “different” (ἀλλοῖον) and to the “contrary” (ἐναντίον). Thus:—a case of disease is before us.

* I prefer this putting of the motto—which is indeed Hahnemann’s original formula—to the affirmation “similia similibus curantur” usually adopted at the present time. I have no desire to quarrel with the Latinity of the latter: though the use of “curo” in the sense of “cure” is at least unfamiliar. But in the present state of our knowledge I think it wiser to state our principle as a rule of Art than as a law of Science.

We are not to consider what processes of evacuation, revulsion, and such like, will benefit, and prescribe our remedies accordingly. Nor are we to think what drug will act in an opposite direction to the symptoms present, and accordingly give Strychnia for paralysis, and Opium for sleeplessness. Our inquiry should rather be—what drug is capable of producing upon the healthy body a morbid condition similar to the one before us? The presence of sleeplessness will suggest a medicine capable of banishing natural sleep, as Coffee: while Opium will be indicated rather in conditions of sopor—as in fevers—similar to that which it commonly induces.

But now of this "similarity" itself the question arises, wherein does it consist? This is a point which has exercised the minds of our best men from Hahnemann downwards. For the opinions of the master and his early disciples I refer you to Dr. Dudgeon's "Lectures on Homœopathy." Later deliverances on the subject are the essays "On the Various Actions of Medicines" and on "Contraria Contrariis" by Dr. Madden in the 8th and 25th vols. of the 'British Journal of Homœopathy,' on "the Homœopathic and Allopathic Use of Specifics" by Dr. Drysdale in vols. xxiv—xxvi, on "Similia Similibus Curantur" by Dr. Elb in vol. xxvi, and on "Organopathy" and "The Anatomical Basis of Therapeutics" by Dr. Sharp in the 'Monthly Homœopathic Review' for 1867—8. To these I must add Dr. Carroll Dunham's treatise on "Homœopathy the Science of Therapeutics." You will do well at your leisure to read what these able thinkers

have taken the pains to set down upon the point before us. For the present I shall endeavour to express what I myself understand by our therapeutic rule, and by the “similarity” of which it speaks.

For this “similarity,” then, I take the first requisite to be that it be real and not merely apparent. It will not do, because a medicine has caused a sense of weakness and weariness in the lower extremities, to set it down as homœopathic to paraplegia. When the prover of a drug has experienced from its action a cough with stitchings in the side, he must not infer that he has found the simile of pleurisy or pneumonia. However numerous the varieties of diseases thus named, however unique in some respects each individual instance of their occurrence, there are in all certain essential elements, certain peculiar pathological changes. That a medicine shall be capable of causing these changes on the healthy body is the primary requisite to its homœopathic relationship.

Now how is it to be ascertained that this essential similarity between disease and drug exists? Hahnemann answers, by finding that the “totality of symptoms” in each coincide. Exception has been taken to his statement; but I imagine that it is based on some misconception of what he means by “symptoms.” He could not wish to limit the term to those phenomena which appear on the surface, and strike the uneducated eye. At any rate, that is not what we mean by symptoms now. We know that very often the same surface symptom belongs to two or more utterly distinct conditions of the

body, while the symptoms which distinguish these conditions do not lie on the surface, and can only be ascertained by more profound research. They are still symptoms; for every disease is only a group of symptoms or appearances. But they need the pathologist to discover them; bringing as he does to his aid all the resources of science (the stethoscope, the microscope, the speculum, the test-tube), and thus seeing not only all that the others see on the surface, but all that lies beneath the surface as well; so that he can distinguish where they could not, and the ὁμοιον to them would be the αλλοιον to him. In Hahnemann's day, indeed, pathology could hardly be said to exist as a science. But his doctrine is the same. Obtain all the symptoms you possibly can, both in proving your medicines and in examining your patients; then, in prescribing for an individual case, select that remedy which corresponds most nearly to the totality of the symptoms present.

The symptoms, then, on whose presence the comparison of disease and drug is to be effected, are all that can be ascertained, both subjective and objective, both surface and deep. If all which constitute the disease are to be found in their due proportion and sequence in the pathogenesis of the drug, the similarity we desiderate must be considered to be established. Such a simile is Strychnia to tetanus, Cannabis Indica to catalepsy, and Hydrocyanic Acid to the epileptic paroxysm. It cannot be objected with justice that from such a comparison diagnosis is excluded. If diagnosis means the *perception* of the precise seat of the malady, and of the exact

morbid alteration which is going on therein, then it is indeed often necessarily excluded, whether as regards disease or as regards drug-action. Who will tell us what Catalepsy is? Yet it is a definite condition, and the Indian hemp has been observed to produce it. But diagnosis more properly means the *distinguishment* of one form of disease from all others which resemble it: and the very means of effecting such distinguishment is a consideration of what symptoms are present and what absent.

Nor should it be affirmed that such a method of finding the simile makes the prescriber “liable to overlook the distinction between idiopathic and sympathetic affections; between symptoms which arise from diseases of the organs they are connected with, and those which are the effect of sympathy with some other diseased organ.”* Such a mistake would be due to his own ignorance or carelessness,—not to any fault in his method. How do we diagnose between vomiting of cerebral and of gastric origin except by considering all the symptoms present, and observing their proportion and sequence? If we have done the same with our drug-symptoms, we are not likely to select “inappropriate remedies” in any given case.

A signal merit in this method of arriving at the true simile is that it ensures that the likeness shall be specific, and not merely generic. All things are like each other in some points, but differ in others. All diseases are departures from health: but some are miasmatic, some diathetic, some “dietic.” All the miasmatic diseases are febrile; but some of the

* Dr. Sharp on ‘Organopathy.’

fevers are intermittent, some continued, some eruptive. Again, the eruptive fevers resemble each other in possessing an exanthem, but differ according as this is of the character of measles, scarlatina, or small-pox. Then there are certain well-recognised varieties of each of these diseases, in which the characters essential to each exist with certain differing modifications or concomitants. Lastly, each individual case of either small-pox, measles, scarlatina, or any other disease, has its own peculiarities which distinguish it from every other case. Now the method by totality of symptoms provides for this individualization, alike of disease and remedy. If fully followed out, the medicine will correspond with the malady, not only in the generic lesion we call pneumonia, phthisis, dysentery, and so on, but in the specific characters assumed by it in the variety we are observing, or in the individual patient before us. These specific differences cannot be accidental: they are parts of an organic whole. If they are not found in the medicine as well as in the disease, the former so far falls short of that perfect similarity which is required to ensure perfect success.

The method by totality of symptoms, moreover, has the advantage of meeting every conceivable case. It is only a portion of the great world of disease that has yet been so accurately surveyed that it can be mapped, and planned, and fitted with names. For such concrete maladies only can specifics be allotted beforehand. Beyond their range lies a terra incognita of derangements the most diverse, complex, and varying, which as yet defy

classification and nomenclature. To cases of this kind the symptomatic method is the only one applicable. I knew not the significance of the occurrence, in a patient convalescing from parturition, of urine loaded with lithates, debility, low spirits, anorexia, copious sour perspirations, and persistent aching of the mammæ. But I found all these symptoms (save the last) in the pathogenesis of Causticum: and selected that remedy accordingly, with amply satisfactory results.

Hitherto I have been vindicating the scientific accuracy and practical adaptability of the Hahnemannian method. Such vindication is necessary if we would not disown those early successes which made the fortune of Homœopathy so rapidly. But as you read what I shall hereafter write to you, you will see that it is rare indeed that a complete parallelism of symptoms exists between diseases and their remedies. But few medicines have been exhaustively proved: and the form in which the early provings have been handed down to us renders any rational comparison of their symptoms with those of disease out of the question. You will find us led to the simile—sometimes by a mere hint in the pathogenesis, sometimes by the evidence of a post-mortem examination, sometimes by the *usus in morbis* reflecting light upon a group of symptoms otherwise meaningless, sometimes by that *usus in morbis* alone. But I would have you observe that, by whatever pathway reached, it is the true simile which is obtained. That is, we have found the medicine which is in *specific relationship* with the disease,—with the part affected, and with the

manner of its affection. Baptisia effects as definite an extinguishment of gastric as does Aconite of simple fever: but the application of the former was obtained from merely empirical sources, while that of the other was a pure induction of Hahnemann's from the symptoms of his proving.

Let me enlarge a little farther on this head. I have spoken of the necessity of considering the sequence of symptoms. This applies especially to those symptoms called "primary and secondary." Thus, the initial chill and the subsequent burning heat of fever are apparently opposites; and it would seem that a medicine which would be homœopathic to the rigor would be antipathic to the calor. But observation teaches us that the chill and the heat are but successive expressions of the same morbid condition: experiment even proves that the temperature is rising while the patient is still shivering. So far, then, from a different medicine being required for the two stages, it is essential that the one medicine which shall control both shall be capable of causing both, as indeed Aconite does. It is the simile of the two series of phenomena because it is in specific relationship with the vascular nerves, and with that disorder of their regulating function in which simple fever consists. The same thing is true of what are known as "alternating symptoms." We know *Nux vomica* as one of the remedies for constipation, and *Mercurius* for diarrhœa. But we find looseness of the bowels no rare symptom in the pathogenesis of the former, and constipation in that of the latter. If we are puzzled, observation of disease soon

explains the difficulty. That same irritable state of the intestinal fibre which in the adult induces constrictions which impede free evacuation, in infants leads to impatience and frequent emptying of the canal. While in chronic hepatic disorder it is no uncommon thing for the patient to complain that his bowels are sometimes unduly confined, and sometimes quite as deranged the other way. In alternating symptoms, then, as in those called primary and secondary, the relationship of similarity on the part of the medicine is with the underlying condition capable of producing either or both.

Hence “*contraria contrariis*” is often as true *phenomenally* as “*similia similibus*,” and a no less certain guide to the right medicine. I do not mean to imply by this that mere antipathic power on the part of a drug qualifies it for a place among our remedies. Such means will sometimes meet temporary emergencies: but they have ever been found wanting in the treatment of prolonged and recurring disorders. Dr. Madden’s Bromide of Potassium may have so quenched the acute erotic irritation of his patient that the sympathizing brain had time to recover from its mania. But the use of this drug in epilepsy, so much belauded at present, is to my mind a most unsatisfactory practice. By its deadening influence on the nervous centres it suspends the paroxysms for a while. But with its discontinuance they nearly always return; and the patient must either live upon the drug all his lifetime, with evils yet untold developing under its use, or must take off the repressing influence only to see the

fits returning, perhaps with renewed vigour after their temporary suspension. The adoption of the antipathic method, as such, is moreover rarely practicable. Very few morbid states have any contraries. Can you tell me the opposite of gout or of scrofula, of typhus or of erysipelas? But the great bulk of the opposites are really not contrary but complementary one to another. Spasm and paralysis, hyperæsthesia and anæsthesia, contraction and dilatation of blood-vessels, sopor and insomnia, constipation and diarrhœa may succeed one another or replace one another or even co-exist in the same patient. They are but varying expressions of a sub-vital condition of an organ or of the general system,—the variation in the expression being governed by laws as yet little known to us.

And so we arrive at the conclusion, that the true contrary of ὁμοιος is not ἐναντιος but ἄλλοιος, not opposite but foreign.* If a medicine have no specific relationship to the part affected, Homœopathic therapeutics have nothing to do with it. If it have such relationship, we shall not be deterred from giving it by an apparent contrariety between the symptoms induced by the drug and those present in our patient to-day. The opposite and complementary symptoms may appear to-morrow. Whenever, indeed, as in tetanus or post-diphtheritic paralysis, in lead-colic or cholera, experience tells us that the symptoms set uniformly in one direction, it is necessary for the simile that the effects of the

* Just as the true contrary of love is not hate, but indifference. Love and hate both imply an interest in their object, and are often (in the lower grades of the former) interchangeable.

medicine should point the same way. That is, the kind of affection, as well as the part affected, must coincide in the disease and the drug respectively. This is still more important when we come to discriminate between the specifically different derangements which may affect the same organ. That a medicine acts on the liver, and sets up simple inflammation therein, does not prove it homœopathic to acute yellow atrophy. The tormina, tenesmus, muco-sanguineous stools, and post-mortem ulcerations of dysentery, must be reproduced in the pathogenesis, if a power of inflaming the mucous membrane of the large intestine is to constitute any drug a remedy for this disease. You will see, therefore, that I cannot coincide with Dr. Sharp's revived “Organopathy,” or adopt an exclusively “anatomical basis of therapeutics.” Specific relationship between drug and disease must include character as well as locality. But what I aim at showing is that specific relationship, thus understood, is the fundamental fact on which Homœopathic therapeutics are based. I believe, indeed, that in the Divine order of Nature there is a pre-established harmony between disease and drug-action,—between the idiopathic derangements of the organism and the action of poisons upon it: that there is no pathological condition, however peculiar or complex, which is not producible also by some drug, known or unknown. When every substance in the mineral, vegetable, and animal kingdoms capable of affecting the body shall have been proved upon it, and its full effects ascertained, then the healing art will not be far from perfection. In

the mean time *magis venenum magis remedium*. The polychrests will be those which correspond to the greatest number and variety of morbid states, or to those of most frequent occurrence. The minor medicines will fill up gaps in those of wider range, or will occupy niches which, if left without special tenants, would be weak points in the therapeutic edifice.

We return to our rule "*similia similibus curentur*." It appears now in the light of a guide-post towards the true object of our search, *specific relationship*. We may use it either *à priori*, as when we study the pathogenesis of a medicine to ascertain to what idiopathic diseases it is likely to correspond: or *à posteriori*, when in viewing a case we consider what medicine causes the group of symptoms we have before us. In either case the rule is our guide to the discovery of *specifics*. That they may be discovered in other ways is obvious. Sometimes, as I have mentioned, by the rule "*contraria contrariis curentur*," as when Hyoseyamus was given for cerebral excitement because it sometimes causes sopor. Sometimes purely empirically, "by the merest chance," as we say, of which Cinchona bark in ague is a notable instance. I only claim for the rule "*similia similibus*" the first place as an instrument for this discovery:—its title thereto being that more specifics have been found by its means in the last fifty years than have rewarded other modes of research for the preceding five thousand. Aconite in simple fevers, Arsenic in those of a typhoid type, Belladonna in inflamed throat and erysipelas, Bryonia and Rhus in rheumatism, Calcarea in the mal-assi-

milative derangements of childhood, Camphor and Veratrum in cholera, Chamomilla in nervous erethism, Coffea in sleeplessness, Colocynth in colic,—I could go on for a page enumerating the specifics already discovered by this potent instrument. That more and more will come to light as its materials increase, and its application becomes more sound and thorough, I firmly believe: until at last every possible variety of disease shall have found its suitable remedy. Then, and not till then, will Hahnemann’s “*Novum Organon*” cease to be necessary, for its work will have been accomplished.

This is the future of medicine to which I look. The “perfecting of the *Materia Medica*” of which we so often hear I regard as only a means to an end; and in proportion as that end is attained the need of any *Materia Medica* whatever becomes less and less. Few of us now ever consult the pathogeneses of Aconite or Belladonna, of Arsenic or Camphor. We know all their specific relationships: any fresh applications they may yet receive will be only extensions of those already established. Pathology is every year pushing her outworks farther and farther on. The chaos of disease is steadily being brought into order, and its almost infinite varieties are being distinguished and ticketed and classified. As each new species comes into light it will be our task to assign to it its specific remedy; and if more than one medicine corresponds to its symptoms, we must consider what are the varieties of the disease to which each belongs. We shall thus be building up the great

edifice of specific therapeutics of which the law of similars I take to be only the scaffolding.

To note, from time to time, the progress of this building, and to make suggestions for its best possible extension ; to set down such specific treatment as has become classical, and to indicate the directions in which to look for more,—this is a work which needs to be done. The following pages, however feebly and imperfectly executed, will at least be wrought in this spirit and with this aim. If, besides helping yourself and others who may see them, they contribute anything, however humble, to our knowledge of true specific relationships, I shall not have toiled at them in vain.

I have devoted so much space to the consideration of the meaning of our fundamental law, that I must defer to another letter the various questions which arise as to its due application.

LETTER III.

THE DOSE AND ITS REPETITION—CHANGE AND ALTER-
NATION OF MEDICINES—AUXILIARIES—THE
DUTIES OF THE HOMŒOPATHIC PHYSICIAN.

You are now in the presence of a case of disease. You are possessed, either through some previous adaptation of remedy to malady, or from a comparison of your patient's symptoms with the *Materia Medica*, of the similar medicine you require. But several questions have yet to be settled before you use it: and one of the first which will arise is that of the *dose* in which it is to be administered.

You have probably already learnt that while all practitioners of our school are agreed upon the principles on which the remedy should be chosen, they are widely divided as to the quantity in which it should be given. It would be of little use for me to add my individual opinion to the multitude already existing. But you will have to make up your own mind upon the subject: and I can at least supply you with some of the data on which your judgment must be formed.

The history of the "homœopathic dose" is as follows. When Hahnemann first began to prescribe medicines according to the rule "*similia similibus*," he gave them in the usual quantities.

It is not surprising that his patients' symptoms, even though ultimately removed, were often in the first instance severely aggravated. It needs no argument to show that the ordinary doses of Arsenic, against which even a healthy stomach needs to be shielded, would increase the irritation of one already inflamed. So Hahnemann found, and he reduced his doses accordingly. At what stage of this reduction he found that fractional quantities of a smallness hitherto undreamt of exercised a potent influence I cannot say. But once satisfied of the power of infinitesimals, he adopted them with enthusiasm as a part of the new system of medicine he was inaugurating. He regulated their preparation by a fixed scale of dilution,—the centesimal. With this he boldly pushed on till at the 30th dilution he had reached decillionths. Here he paused, and appears to have wished to draw at this point a "hard and fast line." In his 'Chronic Diseases' he recommends all medicines to be given in the 30th dilution, thus advancing to that point the many constituents of his 'Materia Medica Pura' to which he had there assigned the 12th, 9th, or 3rd potency, or even the mother-tincture, as most suitable. With the exception of a suggestion in the preface to the proving of Thuja that such a drug might with advantage be raised even to the 60th, he seems himself to have kept to the 30th as an ultimatum.

But his disciples were more Wilkesite than Wilkes himself. A few of them, amongst whom Trinks is eminent, declined even to follow the master, and used only the first two or three of the dilutions of his scale. But the more enthusiastic pushed on

until the 200th had been reached, nor indeed paused there. You will find an account of the doings of these "high-potency men" in Dudgeon's 'Lectures on Homœopathy.' They have nearly died out in Germany, and have found very few representatives in France or England. But in America the school has taken a fresh start. With a number of practitioners there the 200th is considered a low potency, suited for common use: while the 1000th forms a new unit from which to start, and we hear of cures being wrought by the 71 m dilution, which means the 71,000th!

I must leave you to satisfy yourself, if you care to do so, as to the claims made on behalf of these "high potencies." They are altogether outside the range of the Homœopathy into which I am endeavouring to help your induction. I shall do more for you if I tell you how the dose question stands and has stood in this country, which is (with the exception above named) a fair representative of all others in this matter.

The converts made to Homœopathy in Great Britain seem to have started from about the level of the 'Materia Medica Pura.' The earliest practice on record in English literature exhibits the medium dilutions—the 12th to the 3rd—chiefly in use, the 30th also being pretty frequently administered. But a tendency soon displayed itself to descend rather than ascend the scale. The writings of Dr. Drysdale* and Dr. Madden† and the cases recorded

* 'Brit. Journ. of Hom.,' vol. vi, p. 1.

† Ibid., vol. xi, p. 1.

by Dr. Henderson* exhibit the march of this progress. Now almost all British practitioners have joined it. A few remain behind, and protest loudly from their desolate eminences. But while some, and those not of least eminence among us, have even reached the mother tincture as the most suitable dose, there are few of us who in our ordinary practice go above the 2nd and 3rd. There are indeed advocates for a more extensive range of dose, who believe that different medicines require to be given in very different dilutions, and that different dilutions of the same medicine often subserve very different purposes. Drs. Madden and Bayes are the chief defenders of this position in our present literature; and with them I humbly range myself. But for your part you will do well to adopt as a general rule the dilutions from the 2nd to the 6th. When the evidence concurs and preponderates strongly, as in the case of Chamomilla, of Lachesis, of Lycopodium, in favour of the higher dilutions,—or as in that of Camphor, of Aconite, and of Baptisia on the side of the lower, you will feel bound to follow it. In other cases the range I have suggested will be found tolerably safe.

I have carefully refrained from prejudicing you, either in these or in my former letters, on the question of dose. When writing to you upon our medicines, I have mentioned whether the higher or lower potencies have been most in favour, or whether success has been claimed from different sides for both. In now discussing the treatment of diseases, I shall only name the potency of the medi-

* 'Brit. Journ. of Hom.,' vols. viii, ix, &c.

cines I recommend when it is with the dose, as well as with the remedy, that the experience has gained. You will thus be put in a position to try, as all of us have had to try, the question for yourself; and the result at which you arrive will at least be your own, and not borrowed at second hand from another.

For the bibliography of the dose question I refer you to Dr. Dudgeon's "Lectures on Homœopathy" (Lect. xiv, xv), and to the following papers in the 'British Journal of Homœopathy.'

Dr. Drysdale, "Critical Examination of the Dose," vol. vi, p. 1.

Dr. Black, "Remarks on Posology," vol. vii, p. 224.

Dr. Madden, "On Infinitesimals," vol. xi, p. 1.

Ibid., "A few more words about the Dose," vol. xix, p. 293.

And in the 'Annals,' Dec. 1867, on "The Dose," by Mr. Edward T. Blake, with the Discussion.

You will observe that with us the question of dose is that of the "potency," not of the number of drops or grains. The latter is of little consequence, so far as quantity is concerned. But if there be anything in the principle of minute subdivision as extending a given quantity over a wider area,* and if it be so that a number of spermatozoa are requisite for the impregnating impulse, it would seem probable that several drops of the higher dilutions at least would make more impression than

* See Doppler's observations in the Essay of Dr. Samuel Brown in the "Introduction to the Study of Homœopathy" by Drs. Drysdale and Russell.

onc. I generally act upon this theory : but I have nothing positive to bring forward in the way of results.

2. You have now selected your medicine and determined upon its potency. The drops of tincture you prescribe will of course be mixed with water, and the grains of trituration suspended in the same vehicle or put dry upon the tongue. The next question which will arise will be as to the frequency of the repetition of the dose. It is strange that there should be any difference of opinion on this subject. You will almost instinctively do what the great mass of our practitioners do ; *i. e.* give the medicine once or twice a day in chronic diseases, and in acute diseases from every four hours to every fifteen minutes according to the rapidity of the morbid process you are combating. But you will find that while the latter practice is almost universal, and in cholera at any rate received the sanction of Hahnemann himself, it is otherwise with chronic diseases. The master and his immediate disciples, and in the present day those among us who call themselves specially by his name, advocate in such cases the plan of giving one dose, and “allowing it to act” for a length of time. A certain “duration of action” is assigned in the ‘Materia Medica Pura’ and the ‘Chronic Diseases’ (on what grounds I know not) to each medicine : and the practitioner is considered impatient if within this period he repeats his dose. Twenty-four hours is the shortest of these durations : and a week, thirty, forty, fifty days are not uncommon.

Now I am not going to condemn such a mode of

practice out of hand. On the contrary, I think it worthy of investigation. But I must assert that it has yet to be established upon experimental grounds. There is no evidence for the long duration ascribed to the action of certain medicines. There is a difference among the Hahnemannians themselves as to whether the high or the low dilutions act the longest. Prof. Hoppe has argued the subject very ably from their point of view in the 'Brit. Journ. of Hom.,' vol. xx, p. 269. But while we may grant him that in recent disturbance of the organism a single medicinal impression may rectify the disordered balance, and set going the processes which lead back to health, it seems more likely that in disease of some standing a steady and regular repetition of such impressions at not too long intervals would effect most good. At any rate cures are frequently wrought in this way; so that if the repetitions are needless, they are harmless.

I recommend you, therefore, for your own part, to follow the ordinary mode of proceeding. But it is right that you should be aware of the existence of this doctrine and practice; and I see no reason why you should not test it in cases where you really know something of the length of action of the medicine, and can watch closely the patient's symptoms.

3. And now as to continuing your medicine. Are you to expect, when you have once chosen the *simillimum* of your patient's condition, that he will be cured by that one remedy alone? That he should be so cured is perhaps the ideal and the ultimate goal of the Homœopathic method. But it is

certainly not practicable at present. In chronic disease, even though the starting-point should have been in one organ, by degrees other organs have become involved, and probably the blood and nervous system have deviated from the healthy standard. A number of elementary morbid states are concurring to make up the concrete disease before us; and it is by no means certain that, even if you can discover the primary lesion, you can destroy the branches by your cuttings at their root. Very often, too, (the tendency of modern pathology is to say nearly always*) the disorder has begun in the system at large before it has localised itself in any particular organ. Hence your treatment of chronic disease must generally be the unravelling of the coils of a complicated knot, and you will require more than one medicine in its course. Carefully review your patient's symptoms from time to time, and if any improvement which has resulted from his present medicine has come to a pause, consider whether any other seems more suitable. Only do not be too ready to make a change. Keep the ideal before you, even though at present it be unattainable. You may sometimes, if the symptoms still point to the original remedy, change its potency only, ascending from low to high, or (still better, as I think) descending from high to low. The medicines to which your first study of the case, if a thorough one, conducted you should be adhered to as firmly as possible throughout its treatment.

* See Dr. Gull's 'Address on Medicine,' before the British Medical Association, 1868, and the last Edition of Aitken's 'Science and Practice of Medicine,' *passim*.

In acute disease we may approach more nearly to the standard. In many cases we are able to oppose the whole group of symptoms with one medicine, and see them melt away under its sole influence. The number of diseases which admit of being thus dealt with is continually increasing : and they form some of the most satisfactory parts of our practice. Nor are all the exceptions truly such. For instance, when diseases have well-marked stages—as meningitis, typhoid fever, whooping-cough—it is no departure from the specific ideal to have a different medicine allotted to each stage. And the conformity is complete when the medicines for the different stages show a power of curing the disease then and there before it goes any farther. So, for instance,—while pertussis is a catarrh with a cough violent out of proportion to the inflammatory irritation, Aconite and Ipecacuanha precisely cover it, and will every now and then extinguish it. But when it becomes a pure spasm, it has passed the reach of these remedies, and Drosera, Belladonna, Corallia and such like take their place. The same holds good of Baptisia and Arsenicum in the first and second stages of gastric fever, and is familiar to you in the relation of Mercury and Iodide of Potassium to primary and secondary syphilis. Recognising this principle of stages, and carefully allotting our remedies to varieties, I think we may in acute disease make the single medicine the rule rather than the exception.*

* Upon this subject you should read a paper by Dr. Neville Wood ('Annals,' vol. i, p. 316), with the discussion at the British Homœopathic Society which followed its reading.

4. The above question borders closely upon that of *alternation*, on which I now desire to say a few words.

What are you to do when no one medicine covers all your patient's symptoms? In chronic disease I think there can be no hesitation about the answer to the question. You should give the medicine which corresponds to the symptoms of greatest weight, and let it play its part before you bring any other to bear. The adoption of a different course would lead to confusion, certainly in the results of your practice, and probably in the organism of your patient. Save in a few instances, where the exception is warranted alike by reason and experience, the rule is never to give more than one medicine at a time in chronic disease.

But again acute disease gives a different aspect to the question. There is often no time to wait till the effect of one medicine is exhausted before you give the other; nor can you stay with your patient to watch the fitting hour for the change. So that upon the ground of practical expediency only we are sometimes driven to alternate, since we are unwilling to mix. Then again there are the cases brought forward by Dr. Russell, in which two morbid processes, as variola and typhus, run their course in the system at the same time. This, which in Hahnemann's day was thought impossible, necessitates a modification of the rigidity of his rule to give only one medicine at a time; and encourages us further to believe that two medicinal actions, as well as two diseases, can work side by side without interference. Nor are there wanting other in-

stances in which the use of more than one medicine at a time seems justifiable. The pathological process we call dysentery finds its precise analogue in *Mercurius corrosivus*; and very often this medicine alone is all that we require. But sometimes the fever, sometimes the tormina, sometimes the hæmorrhage, sometimes the tenesmus—are so severe, that an alternating remedy suited to the predominant trouble seems to have a *raison d'être*, and is certainly useful. So when whooping-cough becomes complicated with bronchitis,—it would hardly be wise to omit your remedy for the neurosis because you have to give one for the phlogosis: and so you must alternate.

All these cases are very different from the slipshod practice of alternating two medicines as a matter of course; or because you think them equally well indicated, and cannot choose between them. This has but to be mentioned to be condemned. Alternation should always be practised—not “under protest,” but—as an exceptional proceeding. The exception is in part practical only, and may disappear with advancing knowledge. As we often supersede two opposite half-truths by some deeper whole truth which embraces them both, so in many instances in which we now alternate two medicines one may be discovered which shall cover all the symptoms. I think, indeed, that we often alternate unnecessarily as it is. But I am disposed to believe that to some extent alternation is founded on principle;—that there are (the illustrations are Dr. Madden’s) double stars in the firmament of medicine, compounds which are themselves radicles in therapeutic chemistry.

I do not refer to such medicines as *Hepar sulphuris*, which is a compound of Sulphur and Calcareo. The combination here is chemical, and it has been proved as a simple drug. The "binary Homœopathy" of which I speak is vital and not chemical: the reactions of the medicines are not one with another, but with the organs whose different tissues they influence. I will only hint at this now: it is an inquiry which needs working out. But just to indicate what I mean — I can hardly conceive a medicine more homœopathic to the fever of measles than *Aconite*, and evil always results from its suspension; and yet you must alternate other medicines with it if you want to relieve the coryza, the bronchitis, or the diarrhœa from which your patient may be suffering.

For further suggestions towards the basing of occasional alternation on fixed principles I refer you to the papers of my friend Dr. Drysdale in the 4th volume of the '*Annals*,' p. 3.

5. Next to the dose and alternation, the most moot question in our ranks concerns the employment of (so-called) *auxiliaries*. Now I cannot help thinking that much of the feeling which leads to the use of this term is unhealthy, and needs correction. But there is a right use of it, and a right thought about it, which may be stated as follows.

Let us suppose a practitioner of traditional medicine first embracing the Homœopathic doctrine. He feels, as Dr. Russell expresses it, "that a sudden sunshine has been spread over his practice;" he is conscious of the possession of many new therapeutic agents, and of a key to the discovery of many more.

But does he therefore abandon all the means he has hitherto learnt to use? He would be very foolish were he to do so. On the contrary, he erects his new building within the walls and under the cover of the old. He begins by treating selected cases with his novel remedies, leaving unchanged the great bulk of his practice. As he learns confidence and experience he pushes his Homœopathy farther on, and lets his former expedients drop more and more into the background. At last the latter have become the exception and the former the rule of his practice, and the term "Homœopathic" becomes justly applicable to his position and mode of treatment.

Now as with the individual practitioner, so with the whole school which follows the teaching of Hahnemann. We have no doubt in our minds that likes are cured by likes. But this is quite a different thing from affirming that likes cure all diseases without the aid of other means. How far this latter is true can only be decided by trial; and Homœopathic practice, regarded scientifically, is a vast experiment towards the decision of the question. In the case of many—I may say most—diseases it has already answered it in the affirmative. In some few the reply is already negative. But in the remainder the experiment is still proceeding, the question still being asked: and when here we use, as we must use, some of the resources of the old school, we should acknowledge to ourselves and at large that they are extraneous auxiliaries. You will find instances of what I mean in several of the letters I shall write to you.

But this is quite a different thing from styling everything beyond the specific medicine we administer an auxiliary, and using such "under protest," and with a sense of imperfection and need of apology. It seems to me that such a state of feeling is unhealthy and even demoralizing. Drug-giving, however important, is surely not the beginning and the end of the physician's duty. He has to adapt to his patient all natural forces and circumstances within his control,—heat and cold, light and air and water, rest and exercise, food and stimulus. He has to remove mechanical obstacles, and neutralize chemical infections. To call the measures—surgical, hygienic, hydropathic, as the case may be—by which he effects these ends auxiliaries, and to imply that they lie outside the ordinary path of medicine is, I conceive, an error of the most pernicious kind. I should be very sorry for you to enter upon Homœopathic practice with the thought that all your knowledge and command of natural influences were henceforth to be laid aside. How far you can do without bleeding and blistering may be a question: but that you can regard these others as needless is an unwarrantable expectation.

6. In what I have just been saying about auxiliaries I have touched upon the subject of the position and duties of the Homœopathic practitioner. You will see that the common assumption as to the limitations to which he has bound himself has no foundation in fact. In becoming an Homœopathist, he has not ceased to be a physician. "Christianus nomen, Catholicus cognomen," said S. Augustine; and so with us. Our name is physician, homœo-

pathic is but an *addendum*. We are priests of the one Catholic Church of Medicine, though the prevailing majority would fain deny our orders and invalidate our sacraments. They force us into a sectarian position :* but they shall not inspire us with a sectarian spirit. We claim our inheritance in all the Past of Medicine, and our share in all its Present. We assert and use our liberty to avail ourselves of every resource which the wit of man has devised or shall devise for the averting of death and the relief of suffering. We know of no obligation superior to the paramount one of doing our best for our patients.

But while desirous of impressing this primary truth upon you, I would remind you that you have duties as "Homœopathicus" as well as "Physicianus." Duties to your patients, for they seek your aid as such : duties to the Method itself, whose name you adopt, and whose advantages you enjoy. These duties belong to your share in carrying out the great experiment of which I have spoken. Except in instances where large experience has pronounced it insufficient, give Homœopathy pure and simple a fair trial. Do not aim at a premature and presumptuous eclecticism. It is much to have cured the case in hand. But it is much more to have cured it upon a simple method which, satisfactory in itself, admits of application to other cases and by other hands. Do not be content with saying "I don't know whether it is scientific practice or not ; all I know is that my patients get well under

* See the capital paper on "Science and Sectarianism," by Dr. Dudgeon, in the 'British Journal of Homœopathy' for July, 1868.

it." If your treatment be not scientific,—that is, methodized—it perishes with yourself, and benefits only the few individuals who come under your care. But every cure wrought upon principle is an accession to the Healing Art, and leads to consequences immeasurable. We want diligent workers at our Method, at its theory and its practice;—men who love it for its own sake as truth and knowledge, apart even from its usefulness to mankind, still more from its value in putting fees into their own pockets. Among such workers—and these letters teem with names of them—I hope that you will take your place. If I shall have helped you, not merely to practise Homœopathy, but to practise it in this spirit, I shall not have written for you in vain.

LETTER IV.

BLOOD DISEASES.

I begin the group of blood diseases with those which involve a quantitative change only in the composition of the vital fluid. These are Plethora, Anaemia, and (less certainly) Scurvy. Together with the last named I associate Purpura, on the ground of their phenomenal resemblance, and for want of a better place.

Plethora

is a morbid condition which may be dismissed in a very few words. I take it to be very rarely met with now-a-days; and, when present, to result from the transgression of obvious physiological laws. Its treatment must accordingly be purely hygienic and dietetic, and no place for dynamic remedies can be with any plausibility assigned. If, however, a case should come before you in which the patient really does "make blood too fast;" if, in spite of spare diet and active exercise, the symptoms of plethora still persist, you would naturally and rightly administer minute doses of some preparation of *Ferrum*.*

* My friend Dr. Hutchinson suggests that the pseudo high health resulting in the Styrian peasants and the Vienna horses from

Anæmia

presents a wider field for inquiry. In one form indeed in which it occurs it is just the correlative of plethora, both as to cause and as to treatment. I mean when it results from deficiency of air, light, and suitable food, and from other depressing causes. The only rational and permanently successful treatment of such cases must be the removal of the depressing cause or the restoration of the lacking *sanantia*. I cannot doubt, however, that the administration of Iron as a dietetic agent is of great benefit here. It certainly quickens the improved sanguification which proper diet and hygiene are favouring. But without these it can be nothing more than a temporary stimulant; and I see many objections to its use.

There is another simple and intelligible form of anæmia; that resulting from excessive or long-continued losses of blood. I need hardly remind you of the value of *China* in these cases. But this remedy goes no farther than the exhaustion consequent upon the hæmorrhage. Again we turn gladly to the well-tried Iron to help the generous diet we prescribe to make blood as speedily as possible. The direct feeding of the impoverished blood by the metal is here a plausible hypothesis enough.

But perhaps the most common form of anæmia is that which comes before us in connexion with disordered menstruation. A glance at the young woman who enters our consulting room gives us the eating *Arsenic* is a plethora of this kind: and infers the homœopathy thereto of this medicine

whole group of symptoms. The catamenia absent, or retarded, scanty, and pale; frequent palpitation; breathlessness on slight exertion; debility, anorexia, and low spirits—make up the patient's story; to which our examination adds the anæmic murmur in the neck, the waxy puffy skin, and the exsanguine mucous membrane. Now what is the relation between the anæmia and the catamenial disorder? It is common now to say that these patients do not menstruate because the ovaries find no blood upon which to draw. But very often the history of the case is this. A young woman in fair health gets a chill while menstruating, and the flow is checked. When the next period comes round, nothing is seen. Coincidentally with this the general health fails, and the symptoms of anæmia develop themselves.* If now under dynamic remedies (of which *Pulsatilla* is the chief) the catamenia are restored, *pari passu* the anæmia departs.

I must not follow up the pathological inquiries which such facts suggest. Their bearing upon treatment is pretty obvious. While you can hardly do anything but good by giving your chalybeate food as heretofore, Homœopathy enables you to strike at the root of the matter by her specific remedies

* Compare the following case related by Trousseau. "This young girl is seventeen years old; she has menstruated regularly until this last time, when on her taking a cold bath on the last day of her menstrual period, the menses were immediately suppressed, and she shortly afterwards felt an acute pain in the region of the left ovary. Within a few days she had palpitation of the heart, got out of breath easily, and complained of disordered digestion and of vague pains: she had become chlorotic."—('Clinical Lectures,' by Bazire, Lect. XVII.)

for deficient menstruation. These will be considered in their proper place. For the present let me illustrate what seems to me the true plan of treatment for such cases by one of my own. It appears in the 'British Journal of Homœopathy,' vol. xxiv, p. 328.

"Emily G—, æt. 16, consulted me at the Dispensary on January 15th, 1866. In the previous February she had caught cold whilst menstruating, and the flow had prematurely ceased. She had seen nothing since; and had been growing weaker and weaker. She was very pale, and complained of breathlessness, palpitation, headache, &c.; in a word, she was thoroughly anæmic. I ordered her to take two grains of the *Ferrum redactum* of the British Pharmacopœia once daily with a meal.

"January 22nd.—No change. Continue *Ferrum*.

"29th.—Feeling much better in health. Continue.

"February 5th.—Much better and stronger, and colour returning; but no catamenia.

"Gave *Pulsatilla* 12, 6, and 3, in succession; each dilution for two days; a drop three times a day.

"11th.—The catamenia reappeared on the 8th (*i. e.* while taking the 6th dilution), and were fair as to colour and quantity. She feels and looks quite well."

You may say, perhaps, that the catamenia would have returned in time of their own accord when once the blood had regained its normal richness under the influence of the chalybeate. It may be so. But read the very similar case in Professor Hughes Bennett's 'Clinical Lectures' (p. 890 of 3rd

Ed.). It is said to have been dismissed "cured." But after two months' treatment by Iron, tonics, generous diet, and rest, the catamenia had not appeared.

Scurvy

is a typical instance of a disease resulting from pure dietetic causes, and requiring pure dietetic treatment. Professor Simpson seems to think he has made a point against Homœopathy when he has argued that lemon-juice cures scurvy, but is incapable of producing it. The argument is really altogether wide of the mark. Lemon-juice is only a convenient form for supplying certain necessary constituents of our food, the absence of which induces the condition we call scorbutic. It plays no essential part in the treatment of scurvy. It is generally sufficient to place the sufferers on the full diet of a hospital, comprising as it does fresh meat and vegetables, and milk: and nothing more is required for the cure.

Purpura

must, I suppose, be discussed here, as it has been styled "land scurvy." But I am convinced that the resemblance is phenomenal only. In purpura there is none of that excess of fibrin in the blood which analysis demonstrates to exist in scurvy, and which shows itself in the plastic deposits which sheath the muscles and mat the cellular tissue of scorbutic patients. Nor is there in the majority

of cases of purpura any history of deficiency in the fulness or variety of diet. It seems to me a morbid condition *sui generis*, developing itself under very various circumstances. I have gone somewhat into its pathology and causation in a paper on the subject in vol. xxvi of the 'Brit. Journ. of Homœopathy,' p. 60. Referring you thither for details, I sum up here the conclusions arrived at as to its treatment.

Purpura appears under two forms, the febrile, and the simply hæmorrhagic. The febrile variety itself differs as it is sthenic or asthenic. Of sthenic febrile purpura I have cited instances in my paper, and have noted the repute of venesection, purgatives, and low diet in its treatment. With us the place of the first two would be taken by *Aconite*, which accordingly promises to be its most suitable remedy. Of purpura with asthenic fever I have given two cases from Homœopathic literature. Both were severe; and both recovered under Sulphuric Acid and *Arnica*. I confess myself, however, quite unable to see the homœopathicity of Sulphuric Acid to the morbid condition here present. Its use seems a relic of old-school traditions rather than an induction from the law of similars; and it is difficult to conceive of the "astringent" action of the drug being exerted in the 1st and 2nd dilutions, which were those used in the cases cited. The claims of *Arnica*, indeed, deserve more respectful attention. The petechiæ of Purpura are unquestionably so many *bruises* (the term "ecchymoses" is common to both): only in this case the extravasation results from morbid change from within, and

not from mechanical violence from without. The influence of Arnica over the latter is probably not merely local, but dynamic and specific. It "determines" (in old-school language) "to the surface," and so favours hæmorrhages: but there is nothing like purpura, simplex or hæmorrhagica, in its pathogenesis. A better remedy than either of these for asthenic febrile purpura would seem to me to be found in *Mercurius*. This poison unquestionably causes ecchymoses and hæmorrhages: and the second of the two cases cited reads so like an example of acute hydrargyrosis that I wonder Mr. Willans did not treat it with *Mercurius* throughout. *Arsenicum*, too, must not be forgotten; it is homœopathic alike to the prostration and the petechiæ.

Of the non-febrile variety of purpura, where the hæmorrhage is all in all, the only instance I know of in our literature is a case in the 'American Homœopathic Review' for June, 1865. The symptoms rapidly subsided when, after six days' increase, on the seventh a high dilution of *Phosphorus* was administered. The choice of the medicine was determined by the hæmorrhagic symptoms ascribed to it in Hahnemann's pathogenesis. There is no doubt that the abundant ecchymoses observed in the subjects of poisoning by *Phosphorus* closely resemble the symptoms of purpura. But unfortunately the weight of evidence is against these symptoms being primary. They seem to occur only in connexion with the peculiar morbid changes induced by *Phosphorus* in the liver. They point to the purpuric symptoms which characterise yellow

fever and acute hepatic atrophy, rather than to the idiopathic disorder. Still I do not hold the question as settled :* and we do well to keep Phosphorus in reserve in the treatment of our present malady.

A more promising candidate for the place of specific remedy for this form of purpura is *Hamamelis*. A case is recorded in Dr. Hale's "New Remedies," in which the administration of this remedy rapidly dissipated purpuric symptoms supervening upon varioloid. I have myself, since writing the paper referred to, cured very speedily with it a case in which blood had been largely extravasated under the skin and was passing in the urine. The anti-hæmorrhagic virtues of *Hamamelis* are so considerable, that I am disposed to credit it with much power over the morbid condition we are considering.

* Compare p. 56.

LETTER V.

BLOOD DISEASES (*continued*).

Our discussion of purpura has been a digression. It has led us away from the quantitative derangements of the blood, requiring mainly dietetic treatment, which we were studying in plethora, anæmia, and scurvy. We now return to our direct line of march, and come to the *cachexiæ*,—struma, tuberculosis, rachitis, cancer. Here we have quantitative derangement, but something more; dietetic treatment, but something more. Let us first take

Scrofulosis.

Using this term in its distinctive sense, as excluding all tubercular developments, we mean by it that condition of the system in which the lymphatic glands take on an indolent form of inflammation, and there is a general tendency to eruption and ulceration on the part of the skin and mucous membranes, and to disease of the bones and joints. The various local manifestations of scrofula will come under discussion in their proper place. As regards the treatment of the general diathesis, there is no doubt that the most important part in it is played by hygienic and regiminal measures. In these I need not instruct you. But I must add

to the resources they afford us one medicine at least, which Homœopathy has given us wherewith to combat the strumous diathesis. This is *Sulphur*. Some of the local manifestations of scrofula,—especially the cutaneous eruptions and the ulcerations,—will yield to this remedy alone: and there are none in which its exhibition will not aid the medicines more specifically related to the affected part. But it is the diathesis itself at which we aim in giving Sulphur: and if this be borne in mind, there will be no difficulty in assigning it its due place in the treatment of scrofulous disorders.—*Calcarea*, also, has probably some control over the scrofulous cachexia; and ought to be preferable to Sulphur when the bones and joints are affected.

Tuberculosis

I must regard as a diathesis distinct from the strumous, although frequently associated therewith. I would suggest that, if the view be correct which regards tubercle as a product of mal-assimilation, the link between the two diatheses may lie in the mesenteric glands. Certainly the most important medicines for tuberculosis are those which influence the assimilative process. Of these the chief (perhaps the only ones) are *Calcarea* and *Iodine*. In the common use of *Calcarea* we have another bond of connexion between the two cachexiæ. I think this medicine most suitable when the disorder of nutrition is functional rather than organic. Iodine, on the other hand, seems to correspond to the pre-tubercular engorgement

of the parts liable to be affected.* But however this may be, it is certain that these two medicines have more power than any others to modify the tubercular diathesis. I need hardly say that the dietetic and hygienic treatment of this cachexia is not less important and indispensable than that of the strumous. The introduction of the fatty elements of diet, especially in the form of the animal oils, has both reason and experience in its favour: and the Iodine contained in cod-liver oil cannot but be in most cases in which it is administered a remedy truly homœopathic to the symptoms.

Leaving Rachitis till we come to the Diseases of Children, I now have to essay to tell you what Homœopathy can do for that terrible diathesis we style

Cancer.

I begin by referring you to our recent literature bearing on the subject. This comprises a series of cases by Dr. von Viettinghoff, in the 'Brit. Journ. of Hom.,' vol. xvii, p. 53,—and another by Drs. Maclimont and Marston in vol. xxi of the same Journal, p. 611: with an account of the virtues of the *Hydrastis Canadensis* in the treatment of the disease contained in various papers by Dr. Bayes in vol. iii of the 'Annals' and vols. xix and xx of the 'British Journal.' To these I may add a remarkable case of *Fungus Hæmatodes* of the uterus by Dr. Quin in the 'Annals,' vol. i, p. 177.

* The chemical combination of the two medicines, in the form of the Iodide of Lime, has lately been suggested by Dr. Meyhoffer, and bids fair to be an excellent remedy.

The general impression one gains from reading the observations referred to is that Homœopathy has remedies which materially improve the general health of cancerous patients, and which, by their elective affinity for the parts affected, tend in a greater or less degree to restore their healthy nutrition. I cannot say that I see evidence of any specific relationship between these medicines and the carcinomatous diathesis, so that the one can fairly be expected to neutralize the other. Nevertheless, when you have done all you can by healthy living and generous diet, by iron and by cod-liver oil, to improve the general health of these subjects (and how much may be done in this way has been well shown by Mr. Weeden Cooke) you will find in our constitutional remedies the means of doing something more. The chief of these is *Arsenicum*. Under its use, in varying dilutions, you will seldom fail to observe an increase in strength, a better oxygenation of the blood, and a healthier performance of the functions in patients affected with cancer. The lancinating pains, moreover, which annoy the affected part are frequently relieved by this medicine. Sometimes, where the general condition is characterised by great torpor, *Carbo* may be a better medicine even than *Arsenicum*; as in a case mentioned by Drs. Marston and Maclimont (p. 633). The animal charcoal is generally used; but I suspect that the vegetable product would act quite as well.

Approaching cancer from another side, there are certain remedies to which we are led by the *form* of the disease present. Thus "epithelial

cancer" has been, by the investigations of histology, identified with such growths as warts and condylomata under the common title of "epithelioma." Analogy would accordingly lead us to administer and apply *Thuja* in these cases, and to expect from it some, at least, of the power for good it manifests over the less malignant growths of the same order. Under this head it seems we are to group the cancers of the lip, tongue, and scrotum, and the "cauliflower excrescence" of the os uteri. Perhaps Dr. Quin's case in the 'Annals,' though styled by him "fungus hæmatodes," was really cauliflower excrescence; and here *Thuja* was strikingly beneficial. Epithelial cancer of the lip, however, is so markedly under the control of *Arsenic*, that I should feel indisposed to resort to any other medicine. Its external use in the form of ointment (say gr. v of the 3rd dec. trituration to 5j of lard) is here advantageously conjoined with its internal administration. I should recommend the same treatment for "cancer scroti." The other forms of cancer afford little indication for treatment. Nevertheless, when the encephaloid or melanotic growths assume a fungus-like form, the power of *Thuja* over vascular as well as epithelial growths may be brought to bear with advantage. The celebrated case of Radetzky is possibly an illustration of its virtue. I say, possibly: because the part taken by the medicine in the cure (the fungus grew from within the orbit) has been questioned. You will find the narrative of the case, with criticism and defence, in the first vol. of the 'Brit. Journ. of Hom.*'

* Since writing the above a cure of presumed encephaloid cancer

The third factor which guides us in our choice of remedies for cancer is the *part affected*. The elective affinities which we have ascertained to belong to our medicines are here brought into play with good effect. Thus *Conium*, which acts so powerfully upon the breast, has not unfrequently arrested the progress of mammary scirrhus (see cases in 'Brit. Journ. of Hom.' vol. xvii, pp. 70-72, vol. xxiv, p. 497, and in Teste, *sub voce* Conium). *Aurum*, which is our great osseous medicine, has cured cancer of the antrum and of the nasal and palatine bones ('Brit. Journ. of Hom.,' vol. xvii, p. 59, and preface to proving of Aurum in the 'Chronic Diseases'). *Arsenic* and *Phosphorus*, which cure so many gastric diseases, seem occasionally to have influenced for good a cancer of the stomach ('Brit. Journ. of Hom.,' vol. xii, p. 173, vol. xii, p. 321). And Dr. Bayes sums up the facts which exhibit the action of *Hydrastis* as follows:—"My experience has thus led me to infer that the remedial sphere of *Hydrastis* is confined to the arrest and removal of scirrhus in its early stage, and chiefly when its situation is in a gland, or in the immediate vicinity of a gland. It therefore appears probable that *Hydrastis* bears no specific relation to cancer, but that its true sphere of action is on the glands and skin, and in virtue of its has been put on record ('Brit. Journ. of Hom.,' vol. xxvi, p. 658). The remedy was *Phosphorus*: to which the prescriber was led, following Dr. Constantine Hering, by the symptom in Hahnemann's pathogenesis, "Slight wounds bleed freely." I have already, when speaking of Purpura, discussed the relation of *Phosphorus* to hæmorrhagic conditions. The present case, whatever its nature, is in favour of its claims in this direction.

specific action upon the glands, it enables these active eliminants to cast out the morbid matter in its early stage." The same action on the glands is probably the ground of the virtues, such as they are, of *Carbo animalis* in discussing cancerous tumours. While the specific influence of *Secale* on the uterus accounts for what is said in the Report of the Leopoldstadt Hospital. "In cancer of the womb *Secale* was of most service; it soon removed the accompanying violent sacral pains and diminished the discharge."

Of cancerous disease of particular organs I shall speak in their proper place: and then will come before us the important question as to how far our additional resources warrant us in recommending our patients to abstain from surgical measures.

LETTER VI.

BLOOD DISEASES (*continued*).

WE are still in the region of “diatheses” when from Scrofula and Cancer we pass to Gout and Rheumatism. These diseases, moreover,—especially the latter—form a link between the chronic alterations in the composition of the blood with which we began, and the various forms of its acute poisoning which will soon come before us.

Gout

has, so far as I am aware, no Homœopathic literature whatever. You will feel with me that this is somewhat ominous as respects our means of dealing with it. I must say that my own experience of the malady confirms this unfavorable impression, at least as regards the acute attack. I have tried all the remedies which seemed indicated or have been recommended,—Aconite, Ledum, Pulsatilla, Arnica, Bryonia, Sabina, in various dilutions: but have never been able to trace any decided effect to their use. The attack has seemed to run its protracted course of remissions and relapses much as if Nature had been left to take her course. If the author of the ‘Nullity of Homœopathy’ had taken gout for his theme, I fear that no answer could have been

given to his charge. Perhaps some of my colleagues have had better success: but if so, I wish they would come forward and tell us how they have obtained it.

In the mean time, I must recommend you to adhere to your *Colchicum*, whose power of giving relief is unquestionable. Moreover, although the associations of the medicine are Allœopathic, its character is far more of the Homœopathic order. It is admitted now that its evacuant operation is needless to the obtaining of its soothing effects. Watson, indeed, calls it "an anodyne;" but he must be speaking of the result of its administration, not of its *modus operandi*. It has confessedly no stupefying power over the brain, or benumbing action on the nerves. It seems, therefore, to be one of those remedies which are classed as "specific." I claim all such remedies for the school which inscribes "*ὁμοιος*" as opposed to "*ἄλλοιος*" on its portals. That *Colchicum* has never produced anything like the gouty paroxysm I must admit. But I cannot feel that in using it in its treatment I am treating disease in a manner different from that which I ordinarily follow.

In adopting *Colchicum*, however, as the remedy for the gouty paroxysm, Homœopathy may do something towards removing those inconveniences which beset its administration in the old school. Besides the depressant and drastic effects which result from over doses, it is alleged by your therapeutists that its use "renders the disposition to the disease still stronger in the system." Probably all these bad effects might be averted by a reduction of the dose.

We want to give just as much as is necessary to subdue the local pain and inflammation, and no more. I cannot yet affirm that our usual dilutions will avail to answer this purpose. I would advise you for the present to give Colchicum in gout in the manner suggested by Dr. Chas. Phillips for the administration of Morphia as a general anodyne. Put twenty drops of the mother tincture into a six ounce mixture, and let the patient take a teaspoonful every 5, 10, or 15 minutes, according to the intensity of the pain, until it subsides. Should it recur in the same joint, or attack others, let the same course be pursued. In the interim you may be giving any medicine which may seem homœopathic to the general condition, having especial regard to the digestive organs. Pulsatilla, Nux Vomica, and Mercurius, are the remedies most frequently indicated: and sometimes the state of the circulation requires Aconite. What I think of still greater importance is the promotion of free elimination, as by remaining in bed and drinking copiously of fluids. I confess, moreover, that I have not got over my *penchant* for chemical remedies: and am given to mixing potash with my patient's drink.

When you have got your patient through his acute attack, you have to combat the morbid diathesis whose existence it reveals. There seems no doubt but that in gout the radical fault lies in the primary digestion. I need add nothing to what men like Watson and Garrod have written on the diet and regimen necessary for patients thus affected. I can only add my testimony to the paramount importance of this part of the treatment, and refer you to the

writings of my friend Dr. Acworth* as enforcing with abundance of argument and illustration the same truth. But here Homœopathy comes to help us with its array of anti-dyspeptic medicines. I cannot enumerate these, or define the place of each. Every case must be treated as an individual, and the remedy be selected according to the character of the digestive derangement present. In confirmed gout Dr. Acworth states that he has seen much benefit from the administration of *Sulphur*: and the frequent determination of the poison to the skin in the form of psoriasis or eczema adds force to his recommendation.

You will probably be asked whether we have anything in our *Materia Medica* which will avert the gouty paroxysm, if taken on the appearance of its premonitory symptoms. Sometimes the anti-dyspeptic medicine suitable to the case will seem to do this: thus I know of one case in which *Pulsatilla*, in the 12th dilution, appears to answer the purpose. But I am a little sceptical as to the relation of cause and effect. For the premonitory symptoms of a gouty paroxysm mean, I take it, that uric acid is already in excess in the blood. It seems much more rational under such circumstances to adopt eliminative measures,—to take a Turkish bath, drink plenty of fluids, and eat sparingly of animal food—than to guard the parts affected against the skirmishings of a poison which is threatening to make an assault in full force upon the joints.

Of the various gouty neuralgiæ and inflammations

* You will find Dr. Acworth's papers in the 'Brit. Journ. of Hom.,' vols. xv, p. 177; xvii, p. 83; 'Annals,' vol. iv, p. 481.

I can only confirm the experience of your own men that, once certain of their arthritic nature, you can combat them more effectually with Colchicum than with any other medicine. Several of those affections—especially the pleurodynia, angina, and ophthalmia—are figured pretty plainly in its pathogenesis. “Gout in the stomach,” I take to be, in nearly every case, a neurosis of the solar plexus. Its danger would then be analogous to that of a blow on the epigastrium or the rapid drinking of cold water when heated—viz. inhibition of the heart’s action conveyed along the splanchnic nerves. *Nux Moschata* has some reputation in our school in the treatment of this alarming complication. I should be disposed to give it in doses large enough to produce its stimulating effects.

Rheumatism

occupies a very different place from gout both in our literature and in our practice. We have some capital medicines for it: and Dr. Russell,* Dr. Black,† and Dr. Henriques‡ have written instructive papers upon its treatment. You will also find statistical accounts of the cases of rheumatic fever treated in the Leopoldstadt Hospital in Wurmb and Caspar’s “Clinical Studies,”§ in the ‘Brit. Journ. of Hom.’ vols. xix and xxii, and in the ‘Annals,’ vol. iv.

* ‘Clinical Lectures on Rheumatism,’ &c. (Leath and Ross.)

† ‘Brit. Journ. of Hom.,’ vol. xi, p. 216.

‡ Ibid., vol. xii, p. 35.

§ Ibid., vol. xi.

I believe with Dr. Russell that there are two medicines, and two only, which positively neutralize the rheumatic poison in the blood. These are *Aconite* and *Bryonia*. It is usual to give these two drugs in alternate doses, or one during the day and the other during the night. I myself prefer to distinguish their spheres of action, where practicable. In the acute sthenic rheumatic fever I would give *Aconite*, in the 1st or 2nd dec. dilution, every two hours. In sub-acute cases, with less circulatory excitement; or where, after the subsidence of the fever, the pains continue, I would substitute *Bryonia*.* I think you will have reason to be well satisfied with this treatment: and will not hanker after the flesh-pots of Egypt in the shape of the alkalies with which you have been hitherto accustomed to saturate your rheumatic patients.

It is a more difficult question whether our specific treatment secures for the *heart* that same measure of immunity which is claimed for the alkaline method. In a paper "On the Chemical Treatment of Disease," which I read before the British Homœopathic Society in 1865, I argued the negative of this proposition (you will find the paper in the 4th vol. of the 'Annals'). So many of my esteemed colleagues, however, at the time and afterwards expressed their dissent from my conclusions that, in deference to their judgment, I have refrained from carrying them into practice. You will read the discussion on my essay, Dr. Black's paper "Am

* Dr. Bayes speaks strongly of the superiority of the 12th and 18th to lower dilutions of the drug here: and the cases appended to the Austrian proving confirm his opinion.

I a Homœopathist or a Physician?" with the discussion following it,* and the review of my paper in the 'Monthly Homœopathic Review' of December, 1865, and then make up your mind for yourself.

Whether we adopt the chemical treatment or not, we shall certainly do well to bed our patients in flannel and blankets, so as to allow no linen to touch their skin. If in spite of all our precautions cardiac complication should occur, the treatment must be that which I shall describe when I come to the affections of the heart. The occurrence of other inflammations in the course of rheumatic fever need not lead us to change our Aconite and Bryonia. To pleurisy, pneumonia, peritonitis, and even to arachnitis these grand medicines are as suitable as they are to the general rheumatic condition itself.

I have only to add as regards acute rheumatism, that there cannot be the least objection to applying to the affected joints the warm alkaline and opiate epithems recommended by Fuller and Watson. I have seen the most speedy relief follow their use, and I should be sorry to deprive a patient of the benefit they afford.

In *chronic* rheumatism a much larger number of medicines has to be brought into play. There is here little or no toxæmia: and we have to combat the rheumatic poison in the sphere of the tissues or organs it has affected. The chief remedies we have to consider are Bryonia, Rhus toxicodendron, Rhododendron, Ledum, Pulsatilla, Dulcamara, Kali Hydriodicum and Bichromicum, Mezereum, Phytolacca, Mercurius, and Sulphur. The indications

* 'Annals, vol. iv, p. 385.

for the choice of these remedies are derived from their pathogenetic effects: and I have generally given them in my previous letters on Pharmacodynamics. *Bryonia* is good where there is local heat and swelling, however little the constitution at large sympathises therewith. The pains are increased by motion. *Rhus* is preferable in the "passive" or "cold" form of chronic rheumatism; where the fibrous tissues—tendons, fasciæ, sheaths of nerves, &c.—are affected rather than the synovial membranes; and where the pains, although increased on first movement, by continued motion are relieved. The rheumatic pains of *Rhododendron* are very similar to those of *Rhus*; they affect the muscles chiefly, and are characteristically worse in stormy weather. *Ledum* is good where the small joints are affected, and where there is much general coldness. *Pulsatilla* has a special action on the synovial membranes of the knee, ankle, and tarsal joints: but is more frequently indicated in rheumatic gout (*q. v.*) than in genuine rheumatism. *Dulcamara* is valuable where a sub-acute or chronic rheumatic condition is traceable to continued exposure to a damp atmosphere: there is a good case of the kind in the 'Brit. Journ. of Hom.,' vol. xxiii, p. 642. *Kali Hydriodicum* and *Bichromicum*, *Mezereum*, and *Phytolacca* (perhaps also *Guaiacum*), are the remedies for periosteal rheumatism; I cannot well distinguish between them. *Mercurius*, both *Corrosivus* and *Solubilis*, in low potencies, proved very efficacious in some cases recorded by Dr. Yeldham in the 3rd and 4th vols. of the 'Annals.' Aggravation of the

pains at night, and profuse sweats which afford no relief, are classical indications for this medicine.

Where the general rheumatic diathesis is very well marked, the continued use of *Sulphur* is usually of great benefit.

Rheumatic Gout.

This little-understood disease,—the “rheumatoid arthritis” of Garrod, the “chronic rheumatic arthritis” of Dr. Robert Adams—is, I apprehend, totally distinct from either gout or rheumatism proper. With Dr. Fuller, I have nearly always met with it in the female sex, and in them always associated with menstrual derangement. Accordingly, its remedies are taken from the list of uterine medicines. They are the following,—*Pulsatilla*, *Sabina*, *Ruta*, and *Caulophyllum*. *Pulsatilla* is specific where the catamenia are scanty; where the knee, ankle, and tarsal joints are most affected; and where the patient’s disposition is that characteristic of this medicine. *Sabina* and *Ruta*—the former especially—correspond to cases where menorrhagia exists. *Caulophyllum* has been several times found curative where the joints of the hand were specially affected.

It is only in comparatively recent cases that striking results can be expected. Our failure to do much in cases of long standing is quite accounted for by the morbid anatomy of the disease, which reveals extensive destruction of the articular cartilages.

Gonorrhœal rheumatism

is, I take it, much the same thing in the male sex as the disease last mentioned in the female. I can say nothing as to its treatment. I have only had one case under my care, and this seemed little influenced by any of the medicines I used. However, the patient made a good and complete recovery, which is more than occurs in many cases. Perhaps there is some specific virtue in the liquid Biniodide of Mercury (prepared by mixing bichloride of mercury with iodide of potassium) which Dr. Fuller lauds so highly in the treatment of this disease.

Sarsaparilla (of course in the potencies) is said by some Homœopathists to exert an influence over gonorrhœal rheumatism.

LETTER VII.

BLOOD DISEASES (*continued*).

FROM rheumatic fever we pass naturally to "fever" proper. In the present letter I shall discuss the treatment of the "continued fevers." It is scarcely necessary for me to say to you that I assent to the now generally received division of these fevers into typhus, typhoid, relapsing, and febricula. To these British types of fever, I think we should add yellow fever, plague, and epidemic cerebro-spinal meningitis.

Let us begin with

Febricula.

I have seen a good deal of this at Brighton. It yields immediately to *Aconite*. Indeed, if the critical "defervescence" has not taken place within twenty-four hours of the administration of this medicine, I conclude that I have gastric fever to deal with, and change to *Baptisia*.

Dr. Russell, who gives a case of this disorder in his clinical lectures on Fever (hereafter referred to), mentions its identity with the "ardent continued fever" of India, and suggests the trial of *Aconite* therein.

Of the true epidemic—

Typhus,

on the other hand, I cannot speak from personal experience. It never appears, I believe, in Brighton. Nor have those of our practitioners who inhabit the great towns which it chiefly visits given us their experience in its treatment. The only exception is Dr. Russell (in this, as in so many ways, much lamented) whose volume of 'Clinical Lectures' contains two on "Fever," giving an account of thirty cases treated at the London Homœopathic Hospital in 1861, nearly all of which were true typhus.

I can add nothing to the knowledge you already possess relative to the general management of typhus. The important question is,—have we any medicines capable of *curing*, that is, of cutting short, the disease? Dr. Russell thinks we have: but I cannot see that his cases bear out his inference. It seems to me that he hardly allows sufficiently for the now well-ascertained fact, that in cases of recovery from typhus, the crisis takes place naturally between the twelfth and the seventeenth day. Now as far as can be made out, none of the cases treated by Belladonna, Bryonia, and Rhus, showed any decided change for the better earlier than the twelfth day of the illness. Arsenicum was given in one case only, on the ninth day; and on the thirteenth day the report is "seems much better; tongue is getting moist; skin cool." When this improvement began is not noted; but as the case was pretty severe, this looks more like a curative action than anything recorded in the other cases.

Considering, then, the general applicability of *Arsenic* to typhoid conditions, I should recommend you, if you have to treat an epidemic of true typhus, to try whether this medicine has any curative power over the malady, as shown by a shortening of its duration. If it fails to accomplish this you must be content to *treat* the disease. This you may sometimes do best by giving medicines suitable to the general condition. Thus, if the symptoms of nervous prostration predominate, much benefit may be expected from *Phosphoric acid*: while if the blood-poisoning is most manifest, *Muriatic acid* will display corresponding powers. If either the adynamia or the toxæmia, however, be excessive, *Arsenicum* will probably be better than either. In other cases the local complications may demand your chief attention. When the cerebral symptoms are more than the “cry of nerve for healthy blood,” they require and yield to *Belladonna*: and the extreme sopor which marks the height of the disease often needs a few doses of *Opium*. The pulmonary affections of typhus nearly always find their best medicine in *Phosphorus*: which would also oppose the “typhous softening of the heart” of authors, this being an acute fatty degeneration. Convulsions occurring in the course of typhus are, I suppose, invariably uræmic: and require the treatment of that affection. If the blood can be relieved of its “perilous stuff,” it will probably be wise to direct the whole stress of your medicinal treatment upon the kidneys. The only other complication I can mention here is inflammatory swelling of the salivary glands and the

areolar tissue about the neck. Dr. Russell had two cases of this kind in the hospital. One died, Belladonna I having been given in vain; in the other the swelling was immediately checked by the 1st trit. of the *Biniiodide of Mercury*.

The results of such treatment of typhus, under good general management, will probably be highly satisfactory. Of the thirty cases treated in the London Homœopathic Hospital in 1864, two only died, one from these glandular swellings, and one from convulsions. No uncomplicated case was lost.

I pass now to the enteric or

Typhoid fever.

Let us quite understand what we include under this name. There can be no question about its embracing the "abdominal typhus" of France and Germany, and the continued intestinal fever, with rose-spots and diarrhœa, well-known in the hospitals of this country. The only question is about "gastric fever." Dr. Russell appears to think this an independent form of pyrexia. "I mean by this term" he writes, "a non-infectious, continued fever, which has no regular course; in which there is no eruption, and which is not attended with diarrhœa or any intestinal affection." He thus distinguishes it from typhoid: and farther on he characterises it as "a fever which, having many points in common with typhus, differs from it in this, essentially, that the pain in the head is much more intense, and does

not tend to pass into delirium.” I can only say that I have never seen such a fever ; nor is it recognised by the latest writers on the subject—Jenner, Murchison, Aitken. I use the term “gastric fever,” as less alarming, to designate the ordinary endemic low fever I meet with in my practice. But I know well that if the symptoms are not checked in the first stage, diarrhœa will set in, and with the dry tongue, the tympanitis, and the delirium will manifest unmistakeably the “typhoid” condition.

I have implied in what I have said that this fever is capable, under certain circumstances, of being cut short. It seems a bold assertion : but I have been making it over and over again for some years past, and it has never been disproved. Dr. Madden, Dr. E. M. Hale, Mr. Harmar Smith, and Mr. Freeman have each contributed several cases in which the abortive power of the *Baptisia tinctoria* (which is the medicine I recommend) is plainly shown. The only contrary testimony is that of my friend Dr. Yeldham ; and as it is the result of a single observation only, I think he will allow me to say that it goes for very little. I refer you to my remarks on *Baptisia* in my letters on Pharmacodynamics for farther information : and will only add here that when you can catch a case of typhoid fever within the first five days, before the signs of localization in the intestinal glands have appeared, you may fairly expect to cut short the disease. Give a drop or two of the 1st dec. dilution of *Baptisia* every two hours, and a critical defervescence may be expected in two or three days at the utmost.

Baptisia is to this fever what Aconite is to the effects of a chill.

If, however, when you see your patient, the tongue has become dry ; and the ochre-yellow stools, copious and frequent, and the distended and tender abdomen, with its gurgling on pressure, tell that the intestinal glands are inflamed, you are too late for Baptisia. The grand remedy now is *Arsenic*. It has no abortive power ; and it does not, as I shall presently argue, influence the affected glands. But it powerfully controls the general intestinal catarrh on which the diarrhœa depends ; and by its influence upon the adynamia and toxæmia it sustains the whole frame. I have never needed any other medicine for fully developed typhoid ; and I have very rarely lost a case. I have thought it right, however, to prepare myself and you for cases in which the typhous deposit in the intestinal glands gives trouble in its elimination. Ulceration—showing itself by re-accession of the febrile phenomena, with increase of diarrhœa, abdominal pains and tenderness, and glazed tongue ; and sloughing, indicated mainly by hæmorrhage, are the forms of trouble I refer to. I cannot think *Arsenic* homœopathic to these conditions, though in one case of poisoning there was found enlargement of Peyer's glands at the lower part of the jejunum, with tendency to ulceration. In typhoid fever, however, these glands are affected in concert with the other parts of the blood-making system,—the mesenteric glands and the spleen : and are not merely irritated in sympathy with the intestinal surface.

The three medicines to which I look to help me here are *Mercurius*, *Iodium* and *Terebinthina*. In favour of Mercury is its general glandular influence and control over ulceration, and some cases by Dr. Petroz of Paris, which you will find in the 'Brit. Journ. of Hom.,' vol. xxiii, p. 636. The black sulphide (Ethiops mineral) was the form of the drug used: the dilution was the 12th. Iodine has yet stronger physiological evidence in its favour. In a case of slow poisoning of an animal, conducted by Dr. Cogswell, the following appearances were presented *post-mortem*. "The lining membrane of the intestines, for about three feet from their origin, was remarkably vascular; oval spots, about the size of a chestnut, then began to occur at every three inches, *on the side opposite to the mesentery*; a similar spot at the junction with the colon was two or three inches in length, and was expanded at its lower termination over the whole circuit of the gut. These spots were not injected, and were composed of little aggregated eminences with black points in the centre, separated from one another by white cellular bands. *They appeared to consist of the agminated glands enlarged, as sometimes noticed in the early progress of fever*" ('Prize Essay on Iodine,' p. 34). I may add that iodine was considered by the late Mr. Aston Key to have a specific influence upon the ulcerative process. Its action upon the mesenteric glands must also be taken into account. Turpentine is of repute in our school for intestinal hæmorrhage occurring in typhoid fever. Dr. Wood's observations, cited in my remarks on *Terebinthina* (*Pharmacodynamics*, p. 531), point to its

exerting a direct influence over the morbid process going on in the glands.

With one or other of these remedies (to which the continuous wet compress to the abdomen may be added with advantage) I think we shall control the intestinal mischief of typhoid. Cerebral or pulmonary complications must be met as in typhus. Suspicious chest symptoms appearing during convalescence will generally yield to *Tincture of Sulphur*; or, this failing, to *Iodine*, or *Phosphorus* if any inflammation be present.

It is only fair to tell you that the treatment of typhoid now sketched is not that of the Homœopathic school at large, but is a crotchet of my own. For the remedies commonly used, I refer you to our abundant literature on the subject, especially to Dr. Fleischmann's Reports of his Hospital in the 'Brit. Journ. of Hom.,' vols. iii-vi, and to Drs. Wurmb and Caspar's 'Clinical Studies' in vol. xii of the same journal. There is also a special 'Treatise on Typhoid Fever and its Homœopathic Treatment' by Dr. Rapou: this I have not seen.

I have not much to say about

Relapsing Fever.

Our best account of it is from Dr. Kidd, who treated it in Ireland in 1847. His original narrative is in the 'Brit. Journ. of Hom.,' vol. vi: but in the 'Annals,' vol. iv., you will find from his pen a review of his former opinions and experience in the light of later knowledge. His success, under very disadvantageous circumstances, was great: and

his recommendations as to treatment come accordingly with authority. *Bryonia* is his chief medicine: and its thorough homœopathicity to the symptoms is very apparent. Dr. Kidd thinks also that something may be done towards preventing the relapses by giving *Nux Vomica* a day or two before they are expected,—the patient being kept in bed and carefully dieted.

If there is anything more to be said, it is that *Aconite*, though not curative, might fairly be expected to relieve the fever during the first two or three days; and that the *Eupatorium perfoliatum* is an alternative to *Bryonia* well worth bearing in mind.

Yellow Fever

must, I think, be classed in this category, as its nosological name “typhus icterodes” implies. It is a disease which you will probably never have to treat; but for the sake of completeness I must say a few words upon it here.

The fullest account extant of the Homœopathic treatment of yellow fever is an article by Dr. Holcombe in the 3rd vol. of the ‘North Amer. Journ. of Homœopathy.’ In the section on the disease in Marcy and Hunt’s “Practice” his statements are collated with those of other observers: but you had better read his original paper, which is very able. His treatment was general and symptomatic. *Camphor* was given when the primary chill was so severe as to remind the observer of the choleraic collapse (“algid form” of Lyons). *Aconite* and

Belladonna controlled the reaction; after which *Ipecacuanha* or *Bryonia* were generally required by the gastric symptoms. If the case ran on into the typhous condition, *Arsenicum* and *Lachesis* were given; and, if "black vomit" supervened, *Argentum Nitricum*. Sometimes *Cantharis* was called for by the condition of the urinary organs, which it speedily modified for the better. Under such treatment Drs. Holcombe and Davis had, in 1016 cases, only 55 deaths,—i. e. a mortality of 5·4 per cent.

Attempts have since been made to discover medicines having a more direct relation to the essential nature of yellow fever, so as to exercise a control over it in its inmost seat. Those which promise best to answer this description are the serpent-poisons (especially *Lachesis* and *Crotalus*) and *Phosphorus*. I refer you to my observations on *Crotalus* and *Phosphorus* for the grounds of the selection of these medicines. The latter certainly corresponds to the jaundice, the hæmorrhages, and the albuminuria of yellow fever in a most striking manner: and I am not surprised to hear from Rio de Janeiro that it has done great things in an epidemic occurring there.

Plague,

also, appears to be a malignant typhus, characterised by carbuncles and engorgements of the lymphatic glands. Homœopathy has no practical knowledge of its treatment.

The last of these continued fevers I shall mention is the epidemic cerebro-spinal meningitis,

whose manifest toxæmic nature and petechial effusions have led to its being known as “spotted fever,” or

Malignant purpuric fever.

In a paper in the 23rd vol. of the ‘Brit. Journ. of Hom.,’ p. 386, I have gathered together all that was then known of this malady. It has since appeared in and about Dublin, and a case or two has been observed in this country. You will see that the Homœopathic treatment of this malady has always had large comparative success: but it is as yet too little fixed to enable me to set it down here.

LETTER VIII.

BLOOD DISEASES (*Continued*).

THE study of the acute toxæmiæ we have just left has brought us so entirely into the sphere of fevers in general, that I cannot quit it without considering the intermittent and remittent types of fever in connexion with those called "continued." I believe, indeed, that the seat of these latter fevers in the system is as different as is their causation and mode of propagation from those of the continued fevers. I doubt if they can be called blood-diseases at all. But it seems on the whole more convenient to consider them here, than to treat of them under the head of disorders of the nervous system, to which pathologically they belong.

The "malarious," "paludal," or "litoral fevers" of which I have to speak are intermittent fever, or ague; remittent fever; and "bilious remittent" or malarious yellow fever.

Ague.

About the treatment of this disease there ought surely to be little difference between us. The power of Cinchona over the intermittent paroxysm was the Newton's apple which led Hahnemann to Homœopathy. At the present day, Dr. Latham

cites it as the cardinal instance of the "cure" as distinguished from the "treatment" of disease.* It has been shown that "the disappearance of ague, as a cause of mortality, exactly coincides with the introduction of Cinchona Bark into general use in this country," so that while between the years 1653 and 1660 there died in England of ague 10,466 persons, in the corresponding septenary period 1733-1740 the deaths from this cause were only thirty-one.† Quinine confessedly answers every requirement of a homœopathic remedy; it acts singly, directly, in small doses, and in virtue of the principle of similarity.

I cannot, therefore, account for the prejudice which seems to exist in the minds of many of my colleagues against this medicine. To its indiscriminate use I should object as strongly as any one. I refer you to my former remarks *sub voce* Quina for the development of this subject. I repeat here that "in recent, uncomplicated agues, showing the regular series of chill, heat, and sweat, and unmarked by any special phenomena, Quinine is pretty well infallible." It is sometimes objected that it only "suppresses the paroxysms" and does not really cure the disease. But in the recent cases of which I speak the paroxysm *is* the disease: in its repeated recurrence lies all secondary evil which may occur. Take possession of the vascular nerves with your Quinine, and the malarious poison finds no other point of attack. Hence, I take it, the prophylactic power of the drug,—which is rather better esta-

* 'Brit. Med. Journ.,' Aug. 17, 1861.

† Russell's 'Clinical Lectures,' p. 355.

blished than that of Belladonna against scarlatina, and rests on the same ground.

The only point remaining for discussion is the mode of administration. Shall we give the Quinine during the fever, or only in the apyrexia? and shall we administer it in one full dose, or in repeated small quantities? For the first, I would recommend that the Quinine be not begun until the sweating has set in: mainly for this reason, that so much relief can be given during the cold and hot stages by the administration of *Aconite*. This precious medicine gives us here all the benefit which in Watson's lectures we find ascribed to blood-letting,—a remedial measure which he nevertheless wisely shrinks from recommending. As to dose, I see no reason to depart in the present instance from our wonted method. I find that two or three grains of the 1st dec. trituration taken every three or four hours during the intermission seldom allows more than one recurrence of the paroxysm. The large abortive dose is sometimes at least followed by bad consequences,—as in a well-narrated case by Dr. Hirsch of Prague in the 'Brit. Journ. of Hom.,' vol. xxv, p. 406. Remembering, farther, the temporary nature of the immunity secured by the anti-periodic remedy, we do well to continue its use, in less frequent doses, for a week or so after the appearance of the last paroxysm.

The treatment I have now sketched is that of a typical case of ague. That variations will be required in individual cases I do not doubt. During the paroxysm itself Belladonna, Ipecacuanha, or Veratrum may be indicated by the symptoms even

more strongly than Aconite: and the two latter, with Nux vomica, Ignatia, and Pulsatilla have probably some anti-periodic virtues of their own. Where they seem thoroughly homœopathic, then, to the concomitant symptoms they might be continued into the apyrexia, instead of changing to Quinine. Drs. Wurmb and Caspar cured 17 cases out of 27 with Pulsatilla, 14 out of 30 with Nux, 10 out of 14 with Veratrum, 4 out of 12 with Ignatia, and 6 out of 9 with Ipecacuanha. My own experience concurs with that of Fleischmann and Russell in thinking that Nux vomica and Ipecacuanha in alternation most frequently control the impure intermittents which come under our treatment in non-agueish districts. - You may even have, in obstinate cases, to wander farther in the *Materia Medica* in search of the specific remedy. Dr. Bayes, in his admirable paper on Ague in the second volume of the 'Annals,' narrates two cases which resisted all his efforts until he hunted for and found the simillimum of the first in Phosphoric Acid; of the second, in Eupatorium perfoliatum.

In admitting the necessity of occasionally departing from the Quinine treatment of ague I am but following in the steps of your own therapeutists. Sir Thomas Watson, in mentioning supplementary remedies for this disease, frequently has to say—as of Arsenic, black cobweb, piperine, and Zinc—that they have succeeded *where the sulphate of quina has failed*. It is admitted, therefore, that bark is not always the specific remedy for ague. But Homœopathy has this great advantage that she can with tolerable certainty foresee when Quinine will

fail, and select from the other anti-periodics the one most likely to succeed. The law of similarity enables her to do this. You cannot see it better carried out than in the 'Clinical Studies' on Intermittent Fever of Drs. Wurmb and Caspar, translated in the 'Brit. Journ. of Hom.,' vols. xii. and xiii. The precision of their selection of the remedy and the rapidity of their cures are beyond doubt or cavil.

It is especially with reference to the treatment of *chronic* intermittents that those valuable Studies should be consulted. In these Quinine is hardly ever of use. As I have said "If it breaks up the paroxysms for a while, they always return: and if its use is pushed, a medicinal cachexia is added to that already induced by the disease." Drs. Wurmb and Caspar confirm Hahnemann's dictum that in these cases the condition of the patient in the interval is a more important guide to the selection of the remedy than the phenomena of the paroxysm. "If, during the employment of a remedy, the cachectic state should remain unchanged, while the paroxysm decreases in force, the medicine should be continued for some time, then another should be chosen, even if the former one should have entirely subdued the paroxysms. The diminution of the cachectic state is the most certain sign that the suitable remedy has been chosen, and its use should not be discontinued, even if there should be a more frequent recurrence of the paroxysms; the cure is certain if the remedy be not changed."

By far the most important of the medicines required for chronic intermittents is *Arsenic*. Drs. Wurmb and Caspar echo from our ranks the praises

lavished upon it by Boudin. "The symptoms" they say "of chronic poisoning by Arsenic exhibit a surprising similarity with those of the cachectic condition induced by an intermittent; it likewise possesses in so high a degree the property of producing periodical exacerbations, that it excels all other medicines." The special indications for it they epitomise thus—"One stage absent; heat burning; rapid prostration; torpid weakness; dropsical swellings; cachexia; abuse of Quinine." But they add "It will often cure when other remedies selected with the greatest care have failed." It appears to answer equally well in their infinitesimal doses (15th dilution) as in the hundredths of a grain prescribed by Boudin. After its administration there were no paroxysms in 4 cases, in 4 cases only 1, in 4 more only 2, in 4 but 3: while in the remaining 4 cases cured by it the numbers were 4, 4, 5, and 8 respectively.

After Arsenic, *Natrum Muraticum* seems to be in most repute (especially in America) for chronic intermittents. Dr. Pearson states that it is indicated by "bilious vomiting before and during the chill, with great thirst, and sores on the lips or corners of the mouth."* But I would especially refer you to my remarks on *Cedron* ('Pharmacodynamics,' p. 206) and the authorities there cited. In two cases of chronic "chills" which have come under my care the curative action of this medicine has been most satisfactory.

In the course of this paper I have mentioned our chief authorities upon the treatment of Ague.

* 'United States Med. and Surg. Journal,' vol. i, p. 203.

You will also find many cases and remarks bearing on the subject in the American Homœopathic journals generally;—the malady being of frequent occurrence in that country.

Remittent Fever,

of malarious origin, is of course a totally different thing from the well-known “infantile remittent” which will come under our consideration as one of the diseases of childhood. It is just a severe ague whose intermission is so imperfect as to cause it to be designated a “remission” instead. I know it only from the description given of it in books;* and, in the absence of any Homœopathic literature bearing upon it, must content myself with suggesting the remedies most likely to avail.

Of even more importance than in intermittents must be the treatment adopted during the attack. “The first and most immediate object of treatment” writes Aitken “is to reduce the force and frequency of arterial action during the paroxysm.” We know too well the power of *Aconite* to effect this end to need the spoliative venesections advised by the Indian writers. With the rule to begin *Quinine* as soon as remission shows itself I have no quarrel. I would only suggest that in the asthenic form of the fever not unfrequently *Arsenic* might be preferable. And the remarkable power of *Gelsemium* over remittent feverish states observed in cooler

* I speak especially of the articles on it in Aitken’s ‘Science and Practice of Medicine’ and in the ‘System of Medicine’ edited by Dr. Russell Reynolds.

climates makes it worth a trial in the fevers we are now studying, where the symptoms do not run high enough to require Aconite. If the gastric irritability be very marked, a few doses of *Ipecacuanha* may do good service.

Bilious Remittent

appears to differ from simple remittent only in the implication of the liver in the attack. It is sometimes called "malarious yellow fever," from the resemblance of its symptoms to the contagious toxæmia so properly named. Dr. Neidhard, moreover, finds *Crotalus* as useful in this fever as in the true typhus icterodes ('On *Crotalus* in Yellow Fever,' &c.). He gives it in the 1st, 2nd, and 3rd triturations. This is all I have to tell you about the Homœopathic treatment of the disorder in question.

LETTER IX.

BLOOD DISEASES (*continued*).

IN the present letter we shall consider the treatment of the acute exanthemata,—Variola, Varicella, Rubeola, and Scarlatina.

Variola.

Let me begin by saying that as regards vaccination we are thoroughly at one with you and with every one who understands the subject. Statistics at large demonstrate the extensive immunity from the disease secured by this invaluable prophylactic: and no one who has had the opportunity of comparing the unmodified small-pox with that form of it which ordinarily appears in vaccinated subjects can do otherwise than bless the name of Jenner. Some, indeed, have thought that the efficacy of vaccination is an illustration of the law of similars. It is said, I know, that the relation of the cow-pox and small-pox poisons is rather one of identity: and that the immunity of the vaccinated results from their having really had a mild but effectual attack of variola itself. But what of the effect of vaccinating one who has caught small-pox before the eruption appears,—or of introducing vaccine and variolous matter at the same time into the same

individual? The same modifying influence is observed, so that the patient has varioloid instead of variola. This could hardly be, were the two poisons identical, differing only in energy. In the face of these facts, and of certain others which I have adduced in a paper on "The Present Doctrine of Vaccination" in the 'Brit. Journ. of Hom.,' April 1868, I submit that the ordinary theory needs re-considering: and that a modification in our direction seems likely to be required.

Of the treatment of small-pox as modified by vaccination—varioloid—it is unnecessary to say much. You will give *Aconite* for the primary fever in which you will be called to your patient: but I doubt if you will see much change in it until the eruption begins to appear. You may then by way of precaution give *Tartar Emetic* every three or four hours, until the sudden decline of the symptoms on the fourth or fifth day tells you that no farther medication is necessary.

It is altogether different when your patient, unprotected by vaccination, has become infected by genuine small-pox. If you see the case early enough, *i. e.* before there is any sign of eruption, an attempt should be made to convert the disease even yet into varioloid. You may introduce your cow-pox lymph by vaccination in the usual manner:* or you may give it internally as a medicine in Homœopathic dilution. You will smile at this latter suggestion: but let me ask you to read the

* But see Mr. Marson's remarks (cited in my paper already referred to) as to the latest period at which this proceeding will be effectual.

experiments of Severin, Schneider, and Norman Johnson in the 'Brit. Journ. of Hom.,' vols. xxiv, 171, and xxv, 340. You will there see that vaccine lymph, even in infinitesimal doses, when taken into the stomach will develop the cow-pox vesicles with their concomitant fever. Vaccination from the vesicles thus produced has succeeded perfectly. Drs. Pulte, Rummel, and Bayes—to speak of no others—have used "*Vaccinine*" internally in the treatment of small-pox, and testify to its great value. It should probably not be used stronger than the 2nd or 3rd dilution, as the effects of the pure substance taken in this way have proved very violent.

I have no personal experience of this treatment; and the theory would lead us to suppose it effectual only if begun quite early. I should certainly adopt it in the pre-eruptive stage, instead of making vain attempts to reduce the fever by Aconite. But when the pock has once appeared, I think our best means of modifying the future progress of the disease to be the use of *Tartar Emetic*. My experience quite concurs with that of Dr. Liedbeck of Stockholm* and Dr. Ludlam of Chicago† that this medicine exerts a real abortive control over the variolous process. I cannot better illustrate this than by citing a case of the disease treated by the latter physician.

"Frank —, aged six years, a fine healthy boy, the child of German parents, had never been vaccinated. I had promised to vaccinate him as soon as it was possible to procure a little good virus.

* 'Brit. Journ. of Hom.,' vol. vii, p. 475.

† 'North Amer. Journ. of Hom.,' vol. xii, p. 567.

Meanwhile he contracted the small-pox. The papular stage was well-defined. One could not mistake the shot-like pimples beneath the skin. The vesicles were formed, and in due time most of them became umbilicated. The eruption was thick, but yet distinct in its location, suggesting to an experienced eye that, when the pustular stage should set in, the case would assume the confluent form. All the attendant symptoms, the odour of the breath and of the exhalations, the swollen eyelids and features, the sore throat and salivary symptoms were equally pronounced. The little fellow was really ill with genuine small-pox. We prescribed Tartar Emetic, 3rd dec. trituration, of which he was to have a dose every three hours.

“When the period arrived at which the serous fluid contained in the vesicles should have become turbid and purulent, it was remarked that no such change took place. Some of the vesicles burst, but the majority of them disappeared by desiccation and desquamation. Pus was not formed, and the third stage was not developed. The *cutis vera* was not seriously implicated, and did not slough away; consequently even upon the most exposed portions of the face and extremities there was no ‘pitting’ at all. The child recovered without any of the ordinary sequelæ of severe small-pox, as ophthalmia, chronic diarrhœa, &c. During the whole course of the disease he took no other medicine than Tartar Emetic.”

If you have not had the opportunity, or have failed, to modify the disease in these earlier stages by Vaccinine or Tartar Emetic, you must treat the

fully developed pock according to the symptoms. Where itching and swelling are the most prominent features, *Apis* will give much relief. If the suppurative fever presents no malignant character, *Mercurius* seems its most suitable remedy; and is highly praised by Rapou and Hartmann. Where typhoid or putrid symptoms appear, it will be necessary to give *Arsenicum* or *Lachesis*.

A few words now about the complications and sequelæ of variola. Sudden retrocession of the eruption, with collapse, is best treated by repeated doses of *Camphor*. The Tartar Emetic you will be giving covers so well all the respiratory affections likely to occur that it will rarely be necessary to change it. The post-variolaous ulceration of the cornea seems to call for *Mercurius Corrosivus* as its most likely remedy. The tendency to the development of numerous furuncular abscesses which often appears Hartmann has checked with *Phosphorus* or *Calcarea*. Teste suggests *Sulphur* for this and most other sequelæ of the disorder.

The whole treatment of variola laid down by the last-named physician is curious enough to merit citation, especially as he strongly asserts its practical value. If the patient is seen before the first pustules have made their appearance, *Zincum 30* is to be given, and "will in all probability arrest the development of the eruption." In the eruptive stage *Mercurius corrosivus 30* and *Causticum 30* should be administered,—two or three doses of the latter in the morning, and the former at the same intervals in the after part of the day. These remedies "will abridge more than one half the

whole duration of the disease, and prevent secondary symptoms." Lastly "when the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, instead of being transparent, or yellow, are green, purple, or black; when the blood with which they are filled announces a decomposition of this fluid, and threatens the approach of putrid symptoms, it is not to Arsenicum that we should have recourse, but to Sulphur."

There are two other medicines which have been credited with an abortive influence over variola. These are Thuja and the *Sarracenia purpurea*. Thuja was recommended by Von Bœnninghausen, on the strength of its being the specific remedy for the analogous "grease" of horses. He states that it causes the early drying up of the pocks without pitting; and also acts as a temporary prophylactic, like Belladonna for scarlatina. Some cases have lately been published in America in which its use was attended with very satisfactory results. The evidence for and against the *Sarracenia purpurea* is given at length by Dr. Hale in the article on the medicine in the 2nd Ed. of his "New Remedies:" to which I must content myself with referring you.

Varicella

hardly merits a place in a manual of therapeutics. *Aconite* may be given during the fever: and *Apis* is useful if, as often happens, there is much itching with the eruption.

Rubeola.

I use this term, with Watson, as equivalent to morbilli; and not, with Aitken, to designate the hybrid between measles and scarlatina. The chief medicine in the treatment of measles is *Aconite*. It is noted by all writers of the fever which accompanies this exanthem that, unlike that of small-pox, it does not subside on the occurrence of the eruption, but rather increases. *Aconite* should therefore be given from the commencement, and continued throughout the disease. Dr. Ozanne, who has given an interesting account in the 6th vol. of the 'Brit. Journ. of Homœopathy' of an epidemic observed by him in Guernsey, writes thus on this point. "I had remarked, that after giving the *Aconitum* either for twenty-four or forty-eight hours, and producing a fall of 30 or 40 pulsations per minute, on replacing it by *Pulsatilla* the pulse frequently rose again from 80 pulsations per minute to 90 or 100, its strength and fulness gaining in proportion, whilst the heat of the skin and the restlessness at night, together with the peculiar harsh and troublesome cough, continued or increased, and this at a period (the fourth or fifth day after the first appearance of the exanthem) when all these symptoms of febrile excitement ought to have subsided." He therefore gave *Aconite* more persistently, and with the happiest results.

While *Aconite* is thus the main remedy for measles throughout, I am persuaded that much benefit is obtained from alternating with it medicines suitable to the local disorders present. Thus

for the conjunctival and nasal coryza of the first two or three days *Euphrasia* is invaluable. A little later the catarrh of the digestive canal calls for *Pulsatilla*, which is a medicine of high repute in measles. If, together with this latter condition, the laryngeal cough is very troublesome, I must agree with Dr. Lippe in thinking *Kali bichromicum* the most homœopathic remedy. Nor should I rely less upon it if actual laryngitis should occur, though *Spongia* and *Bromine* would be possible alternatives. If bronchitis or broncho-pneumonia supervene, *Phosphorus* will generally give you every satisfaction. But more on this point when we come to the diseases of the chest.

The malignant form of measles (morbilli graviores), now happily so rare, does not seem to have been observed by Homœopathic writers. But I have not unfrequently seen great danger occur from the imperfect development or retrocession of the eruption. In these cases I have seen the best results from *Ammonium Carbonicum* (1st) or *Camphor*. *Bryonia* is recommended by Hartmann and Teste for recalling the eruption, especially where the chest suffers most from its retrocession.

The sequelæ of measles, notably its ophthalmia and pulmonary mischief, are best treated by *Sulphur*.

I have bestowed so much space on small-pox and measles that I must devote a separate letter to that still more important exanthem, scarlet fever.

LETTER X.

BLOOD DISEASES (*continued*).

Scarlatina

is unquestionably one of the most important diseases with which we have to deal. Its great frequency both in town and country, its high mortality, and the variety of its forms, complications, and sequelæ invest it with alike practical and scientific interest. You will be eager to know what Homœopathy can do in its treatment, and how she does it.

In the first place, you will expect me to tell you something about the reputed prophylactic virtues of *Belladonna*. That the probabilities are in its favour must be admitted, I think, when we consider the parallel instance of Quinine in ague. *Belladonna* covers the whole field of the invasion of the scarlatina poison; pre-occupy the ground with its influence, and the enemy finds no point of attack. If now you will read the testimonies collected by Dr. Black in the 1st vol. of the 'Brit. Journ. of Hom.' (p. 129) or by Dr. Dudgeon in his 'Lectures on Homœopathy,' you will see that there is an immense body of evidence from all sources in its favour. That results of an opposite kind have been obtained I know well. But two considerations

In the "scarlatina anginosa" you will have begun with Aconite and perhaps Belladonna: but very soon you will find that the state of the throat demands special remedies. You will have either swelling or ulceration as the prominent symptom present; and your remedies must be selected accordingly. For the former condition I have been disappointed in Baryta Carbonica, which I was led to use from its value in quinsy: but we have a capital medicine for it in *Apis*. For the ulceration, often so destructive, which obtains in scarlatina, we have an excellent and most homœopathic remedy in *Mercurius* (see 'Pharmacodynamics,' p. 397). These, then, are the chief medicines for scarlatina anginosa: you may keep up your Aconite or Gelseminum in alternation with them if you please.

And now of that frightful disease which we call "scarlatina maligna." We usually first recognise it in the general nervous toxication which characterises its primary invasion. The obvious indication here is to get the poison to the skin: for which purpose Dr. Hamilton strongly recommends Currie's cold affusion and subsequent wrapping in blankets. Hartmann praises *Camphor*, assiduously administered. When the oppression of the brain is the most prominent symptom, *Cuprum Aceticum* and *Zincum* are of high repute among us. I refer you to the papers of Dr. P. P. Wells on "Scarlatina"

for the scarlatinal fever, considering this hardly sthenic enough for Aconite. In one case with which I am acquainted the fever assumed the remittent type so characteristic of this drug,—the rash receding and reappearing with the remissions and exacerbations. Gelseminum was given here with manifest advantage.

in the 'American Homœopathic Review,' vol. iv, for comments on this morbid condition, and suggestions as to additional remedies—as Hydrocyanic Acid, Tabacum, Lachesis, and Ailanthus—likely to meet it.

If the patient rallies from the primary shock, the symptoms of a malignant toxæmia develop themselves. Here the grand medicine is *Arsenic*, on which you had best rely to the exclusion of all others. Our American colleagues place much reliance on *Lachesis* here. I have no experience with it; but its pathogenesis would point to its applicability to those cases where, as Watson puts it, "the system is re-inoculated from" the ulcerated and gangrenous throat.

Dr. Wells, in the continuation of his papers on "Scarlatina" in the 5th vol. of the 'American Homœopathic Review,' speaks of "inflammation of the brain and its membranes" as not unfrequently occurring in scarlatina, and describes the characteristics of its remedies, notably Belladonna and Sulphur. I suspect that the complication is a very rare one. Laryngitis, also, is happily unfrequent: Spongia or Bromine might touch it when occurring.

The "post-scarlatinal dropsy" forms a connecting link between the complications and the sequelæ of scarlatina. I mean that it seems now ascertained that renal implication, as shown by albuminuria, is no accident of this exanthem, but of its essence and constant. This requires no treatment: but it is otherwise when it results subsequently in acute desquamative nephritis and dropsy. Several medicines are in repute for this malady. I am glad to

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see that Dr. Yeldham has softened his recommendation of *Terebinthina* ('Annals,' vols. i, p. 390, iv, p. 171): I have been wofully disappointed in it. *Arsenicum*, *Cantharis*, *Helleborus*, and *Apis* have been most frequently used. The second would seem most truly homœopathic to the lesion present: but I have most reason to be satisfied with *Arsenicum*. Dr. Ozanne, in an epidemic occurring at Guernsey, relied on *Helleborus* with the best results; and the same medicine is also praised by an allœopathic physician ('Brit. Journ.,' vol. iv, p. 6). *Apis* is reported to act well in American epidemics: I have myself given it occasionally without manifest effect. *Apocynum* and *Colchicum*, also, are medicines that have been suggested,—on grounds more or less theoretical. I shall return to this subject when I come to speak of renal disease.

I may dismiss briefly the other sequelæ of scarlatina. The engorgement of the glands about the neck, with swelling of the cellular tissue, may nearly always be dispersed without proceeding to suppuration by the *Biniiodide of Mercury*. The sore and bleeding nose, and the otorrhœa and deafness, which often remain behind are singularly under the control of *Muriatic acid*. But when they occur as parts of a general bursting forth of the scrofulous diathesis resultant upon the disease, *Sulphur* must be administered.

I think I have now pretty well prepared you for the treatment of scarlet fever: nor do I doubt but that you will be abundantly satisfied with your comparative measure of success. For fuller information I may refer you to our systematic treatises in

general: to the account of epidemics by Dr. Ozanne in vol. iii of the 'Brit. Journ. of Hom.,' by Dr. Wilde and Dr. Bayes, in vol. iv of the 'Annals,' and by Mr. Nankivell in vol. vii of the 'Monthly Homœopathic Review:;' and to cases by Dr. Yeldham in his 'Homœopathy in Acute Diseases' and by Dr. Laurie in the 2nd vol. of the 'British Journal.'

Before leaving the exanthemata, I must say a few words about certain rare and curious varieties which are sometimes encountered.

The first is that apparent hybrid of measles and scarlatina to which Dr. Copland has applied the term "rubeola," but which (to avoid confusion) I shall designate by its German name as

Rötheln.

The only accessible description of this disease known to me is that contained in Dr. Aitken's 'Science and Practice of Medicine.' From his account of the symptoms, I should feel disposed to give *Gelsemium* instead of Aconite in the preliminary febrile stage. When the throat symptoms begin to call for aid, *Apis* seems the medicine best indicated. In the inflammatory mischief so apt to supervene within the chest, *Phosphorus* would probably act as well as in the similar complication of measles.

Another modification of scarlatina is the

Dengue,

or scarlatina rheumatica. It is no uncommon thing, as you doubtless know, to see rheumatoid

swelling of the joints, with much pain and tenderness, in ordinary scarlatina. Here I have always found *Rhus* to act most satisfactorily,—the affected joints being wrapped in cotton-wool. But this “dengue” is described as “a peculiar febrile disease, conjoined with sudden severe pains in the small joints, which swell; succeeded by general heat of skin, intense pain in the head and eyeballs, and the appearance of a cutaneous eruption on the third or fourth day” (Aitken). It is epidemic in the East and West Indies, and in America. From what I read of the symptoms, *Rhus*, after *Aconite*, appears very fairly to cover them. I should be disposed to use the “venenata” species: on account of what is noted—“Decided implication of the mucous membrane of the mouth and throat prevailed in the last epidemic in Calcutta.” If the symptom “painful swellings of the lymphatic glands of the neck, axilla, and groins; also of the testicles” be prominent, *Clematis* might be used with advantage.

The last exanthem I have to mention is

Miliaria.

This seems to be the modern representative of the mediæval “sweating sickness.” Dr. Aitken has described it from his personal observation among the Turks at Scutari during the Crimean war. He characterises it as “a disease in which there is an eruption of innumerable minute pimples, with white summits, occurring in successive crops upon the skin of the trunk and extremities, preceded and accompanied with fever, anxietas, oppression of re-

spiration, copious sweats of a rank, sour, fetid odour, peculiar to the disease." *Aconite* is said to have proved of great value in the "sweating sickness:" and the symptoms show a very tolerable Homœopathicity on its part to the disease.

LETTER XI.

BLOOD DISEASES (*continued*).

I CONSIDER the establishment of the “Euthetic Order of Zymotic Diseases” a very happy nosological thought. Hydrophobia, Glanders, Malignant Pustule, and Syphilis throw unexpected light upon each other when put side by side. In this letter I propose to consider them together, and will begin with

Hydrophobia.

I need hardly say that excision of the bitten part is the duty as much of the Homœopathic as of the Alloëopathic practitioner: and that nothing we can offer in the way of either prophylaxis or cure supercedes this paramount necessity. But having done this, we can advance to farther treatment with larger resources and fairer prospect of success than our brethren of the old school. This advantage we have in the use of the two great “mydriatics” *Belladonna* and *Stramonium*. I need not argue out the homœopathicity of these drugs to the symptoms of hydrophobia: it is sufficiently obvious. But what facts have we to offer as to their efficacy?

First, as to prophylaxis. Read Mr. Youatt’s experiments with his mixture of *Belladonna* and

*Scutellaria lateriflora** as given by Watson. Then turn to the account cited in Hempel and Teste from Murray's 'Apparatus,' and the remarks of Bayle there given on the cases. I think you will feel inclined, if any one whose life you value has been bitten by a suspected dog, to keep such an one under the influence of Belladonna until the utmost limit of incubation has been reached.

Again, read the cases of reported cure of hydrophobia by Belladonna in Hempel, and in the 'Brit. Journ. of Hom.,' vols. vii, 146, viii, 81, and xi, 140—twelve in all. Grant that some of these were the effects of fright: it is hardly likely that all should have been. And if Belladonna has cured a single case, it has done more than all the resources of traditional medicine have been able to accomplish, and is worthy of repeated trial.

As to the diagnosis between the two medicines,—I should be inclined to choose Stramonium in preference where the general nervous irritability was extreme, and Belladonna where the throat symptoms showed that the stress of the mischief had fallen on the medulla oblongata and its issuing nerves.

Hydrophobia, moreover, would be a suitable disease in which to administer our medicines by hypodermic injection, as lately recommended and practised by Dr. Kafka of Prague.†

* It is of course open to suggestion that the *Scutellaria* played here the more important part. From the information regarding it given by Dr. Hale in his "New Remedies," it unquestionably appears to be a neurotic medicine of some energy.

† 'Brit. Journ. of Hom.,' vol. xxv, p. 353.

Glanders.

Of the treatment of this disease I can only speak theoretically. In acute glanders, where the suppurating nostrils and the pustular skin are the chief evidence of the constitutional infection, *Kali bichromicum* ought to prove as serviceable in the human as Mr. Moore has found it in the brute subject. Where the lymphatic glands receive the main weight of the poison—forming the “farcy-buds” of the veterinarians—*Mercurius* would seem most suitable. In either form, should malignant symptoms—black bullæ, tendency to gangrene, &c.—be manifest, *Lachesis* or *Arsenicum* might advantageously be alternated with the more locally-acting medicine.

Malignant Pustule,

when (as usually) communicated by inoculation, doubtless demands the early excision or cauterization of the affected part. But, if seen too late for this means, the symptoms are so like those of the traumatic gangrene and the malignant carbuncle for which *Lachesis* has proved the specific remedy that I should proceed with much hope to its administration. Indeed, Dr. Carroll Dunham has already used it with the utmost success in an American epidemic of this disease (‘Amer. Hom. Rev.,’ vol. iv, 110).

From these blood-poisonings induced by the implantation of a specific animal poison, we pass naturally to—

Syphilis.

I follow the most recent pathologists in limiting this term to the indurated sore and its consequences. It must be a great satisfaction to you, as it is to myself, to find that the doctrines about syphilis we long ago imbibed from our excellent teacher, Mr. Henry Lee, are now universally received. Soft chancre with its suppurating bubo is now relegated, with gonorrhœa, to the sphere of local affections, amongst which we shall consider it. The disease whose treatment we have now to discuss is syphilis truly so called.

Comments upon the treatment of syphilis occupy a large space in the field of Homœopathic literature. It is needless to do more at present than refer you to our journals generally,—especially the ‘British’ and ‘North American;’ and to commend to you especially Dr. Yeldham’s excellent practical monograph on ‘Homœopathy in Venereal Diseases.’

The first fact about the treatment of syphilis which appears on the face of these observations is this,—that small doses of *Mercurius* (gr. i—iij of 1st or 2nd dec. trituration) heal the primary sore and resolve its induration more rapidly than infinitesimal doses of the same drug, and without the injurious effects of salivating quantities. But then the question arises,—is this rapid extinguishment of the local manifestation of the disease desirable? Dr. Schneider of Magdeburg answers in the negative (see his papers in the ‘Brit. Journ. of Hom.,’ vol. xxii). He treats his cases with globules saturated

with the 4th—6th dec. dilution of *Mercurius solubilis*. From six to eight weeks are required for the disappearance of the chancre; but *no sequelæ appear*. This he states on the evidence of 325 cases which came under his treatment, in four of whom only did secondary symptoms occur; and of these only one had been under his care from the first. It is highly improbable that these four should have been the sole cases of indurated chancre among the 325. Dr. Yeldham, on the other hand, admits that “the appearance, or non-appearance, of secondary symptoms is a matter beyond the control, in most cases, of the very best treatment that can be adopted.”

It is only fair that I should lay these observations of Dr. Schneider's before you, especially as they coincide with Hahnemann's. The latter gave even smaller doses of *Mercurius*; and he states in the 1st vol. of the ‘Chronic Diseases’ that, in a practice of fifty years, he had “never seen syphilis breaking out in the system, when the chancre was cured by internal remedies, without having been mismanaged by external treatment.” But I confess that that these results seem to me credible only as exceptional. All analogy is certainly against the theory they are put forward to support. It was supposed by Hahnemann that the breaking out of the chancre was an evidence that the syphilitic poison had already infected the system. But if so, why do the neighbouring lymphatic glands always enlarge and harden before secondary symptoms appear? Is it not obviously through them that the poison, locally implanted, invades the consti-

tution? Is not the formation of chancre analogous to the "recrudescence" of the hydrophobic cicatrix? With syphilis, accordingly, as with that other, the previous incubation does not necessarily imply constitutional infection, but only a lingering and probably a development of the poison at the seat of its implantation.

I hold it, therefore, to be the best practice to resolve the primary induration of syphilis as speedily as possible, so that no injury is thereby caused to the general health. In vaccination, Mr. Marson tells us, the more numerous and perfect the vesicles, the more complete is the constitutional protection. So, by analogy, the longer the focus of syphilitic contamination is allowed to continue, the more thorough will be the infection of the system. There is nothing to my mind irrational in excision or cauterization here, any more than in the parallel instances of hydrophobia and malignant pustule. But as in hydrophobia this remedy, certain at the first injury, is dubious when the recrudescence has begun, so to destroy a chancre is of but questionable benefit. If it can be, as Dr. Yeldham's cases prove, expeditiously dispersed by uninjurious doses of Mercury, this seems to me by far the best practice to be followed.

A much larger field is opened to us by the secondary symptoms of syphilis. Those of the mouth and throat are admirably controlled by our medicines. If Mercurius has not previously been given, it is required, and will act well. After, or instead of it, *Nitric acid* is a capital medicine for the "mucous tubercles" of the mouth, and the cracks about the

commissures of the lips. *Kali bichromicum* is very good for indolent ulceration of the throat ; but when this takes on a destructive action (as in the perforating ulcer of the soft palate), if Mercury is inadmissible, *Kali hydriodicum* is required. The syphilitic exanthemata yield best to the *Iodide* or *Biniiodide of Mercury*, if that mineral has not previously been too freely used.* In obstinate cases, Dr. Yeldham recommends the alternation, week by week, of the Biniiodide of Mercury and the Iodide of Potassium.

“ Of tertiary syphilis,” writes Dr. Aitken, “ gummata are the characteristic lesions.” Under this title, it seems, we are to include alike the familiar “ node” of the surface, and those deposits and changes in internal organs which recent investigation has shown to exist in most syphilitic subjects. For the node it is hardly possible to find a better medicine than *Kali hydriodicum*,—although *Kali bichromicum*, *Silicea*, *Aurum*, *Mezereum*, *Phytolacca*, and *Guaiacum* work in the same direction. Hence, when the symptoms of a syphilitic patient point to interference with the functions of an internal organ—as headache, paralysis, epilepsy, amaurosis—it is rational to try the effects of the same medicine,—a practice often reported as crowned with success. Whether, however, this is Homœopathy is a question. You will find it very ably discussed by Dr.

* There is a good case by my friend Dr. Meyhoffer in the ‘ Brit. Journ. of Hom., vol. xxiv, p. 363, illustrating the value of Nitric acid in the symptoms of mouth, throat, and larynx, and of Biniiodide of Mercury in the exanthem, with headache and falling off of the hair, of syphilis.

Madden in vol. xxv of the 'British Journal.' The affinities of *Aurum* would probably render it more suitable when the bones or the testicles were affected: and I know no better medicine for the syphilitic cachexia.

I need say nothing as to the extreme importance in these cases of raising and maintaining at a high standard the general health. But the following case, which I cite from the 'North American Journal of Homœopathy' for 1864, will show how much may be done therein by Homœopathic medication.

"A Portuguese, about thirty years of age, had been in the hospital at Lahaina for eighteen months; during this time he passed through all stages of the syphilitic virus. When he arrived in Honolulu, the first day of July, he exhibited the most loathsome and disgusting appearance. The right side of his face was covered with a most foetid ulcer of the tertiary form of syphilis: it developed itself over the right eye, down the outer angle and under the eye to the nose, extending to the mouth over the whole cheeks, leaving the malar bone entirely bare and dry. There was carious affection of the frontal bone, extending over the right eye around to the temporal bone; the malar and nasal bones were more or less destroyed by the disease. The right eye was entirely closed. These ulcers were discharging a very foetid and offensive watery fluid, and had a dark-red appearance. In addition to all this he had ascites, and was greatly bloated; from this he had suffered for the last six months. The ulcers were very painful; darting and gnawing pain, burning through the whole

of the ulcerated surface, as he expressed it, as if there were red-hot needles sticking in the ulcers.

“For these symptoms I selected *Ars. alb.* third, three doses a day for three days, which greatly relieved the burning and mitigated the pain; but he was not relieved from the pain wholly until he took *Belladonna*, third, three or four doses. After these two remedies ceased to improve, I gave *Acid. Nit.* morning and evening; improvement followed; after the first week I gave but one dose per day, for two weeks. Under the action of these remedies, the ulcers put on a more healthy appearance, until the end of three weeks, when I could not discover any improvement. I then gave *Aurum muriat.*, second, one dose per day. This seemed to stop all progress of caries, and the whole case looked favourable. I continued this remedy three weeks, with occasionally a dose of *Sulphur*, sixth. The healing of the ulcers was steady and permanent. His general health improved, appetite good. The digestive organs completely restored. The urinary secretion became normal, he gained strength and flesh. A few doses of *Hepar sulph.*, and *Ars. alb.*, sixth, at intervals of three or four days. These last remedies removed all symptoms of dropsy and venereal disease about him. A more grateful person I never saw.”

This case reminds me to mention that, in the treatment of this disease, the Homœopathic practitioner enjoys the great advantage of the possession of medicines like *Arsenicum*, *Belladonna*, &c., in addition to the more special anti-syphilitics, which enable him to meet many a complication, and expedite many a cure.

Hereditary syphilis will come under our notice among the diseases of children; and many local effects of the poison will be discussed in their proper place. At present, I shall only speak of one other supposed manifestation of syphilis, which, however, I must follow Hahnemann in classing separately under the name

Sycosis.

This is the constitutional venereal malady whose chancre is the *condyloma*. I must refer you to my remarks on *Thuja* for explanations and authorities on the subject. That medicine, as you will see, is the sycotic Mercury. But Hahnemann has given us a useful adjunct to it in *Nitric acid*. If you ask me to allot their respective spheres of action, I would suggest that *Thuja* will act best in pure sycosis; while Nitric acid will prove more serviceable when vegetations, especially at or near the mucocutaneous junctions, occur in syphilitic patients. Perhaps the case recorded by Mr. Henriques in the 'Brit. Journ.,' vol. xix, p. 64, in which Nitric acid acted so well, was of this order.

LETTER XII.

DISEASES OF THE NERVOUS SYSTEM.

THE "Blood Diseases" we have hitherto been considering are of a *general* nature, involving more or less the whole organism. Leaving these, we come now to the disorders of particular systems and organs: and among these give pre-eminence in place to the diseases of the brain, the spinal cord, and the nervous system in general.

To classify satisfactorily the various forms of cerebral disease is no easy matter. I think, however, that I shall not have omitted anything of importance if I treat, first, of the substantive diseases, Meningitis, Phrenitis, Softening, and Apoplexy; then of those phenomena—proximately cerebral, but of very varied origin—Mental Disorder (including Delirium tremens), Headache, Vertigo, and Sleeplessness: lastly, of injuries to the head. In this list I have omitted the many brain affections peculiar to children, culminating in acute hydrocephalus: as these will be considered in the section devoted to the subject of children's diseases.

Meningitis.

Theoretically, it would be correct to discuss under this heading inflammation affecting the dura mater,

the arachnoid, and the pia mater respectively. But practically such a division is untenable. It is doubtful whether the arachnoid is ever primarily affected. Its upper layer is often involved in inflammation of the dura mater: its lower layer sympathises with all that affects the pia mater. So that the practical division of the subject is into meningitis involving the dura mater and cranial arachnoid, and meningitis involving the pia mater and cerebral arachnoid.

1. The first form of meningitis commonly comes before us as the result of external injury. It is that so graphically described by Watson. "A man receives a blow on the head; the blow stuns him perhaps at the time, but he presently recovers himself, and remains for a certain period, apparently in perfect health. But after some days he begins to complain; he has pain of the head, is restless, cannot sleep, has a frequent and hard pulse, a hot and dry skin, his countenance becomes flushed, his eyes are red and ferrety; rigors, nausea, and vomiting supervene; and, towards the end, delirium, convulsions, or coma." On opening the skull, the dura mater is found inflamed, and lymph or pus effused upon the superior surface of the arachnoid.

It is obviously to *hospital* experience that we must look for the proper treatment of this malady. In the absence of record of such experience, I can only suggest the use of *Arnica* from the commencement as a prophylactic, and the administration of a low dilution (say the 1st dec.) of *Aconite* in frequently repeated doses as soon as inflammatory or febrile symptoms appear.

The only other form of acute meningitis involving the dura mater with which I am acquainted is that in which there is extension of disease from the internal ear. Of this, again, we have no instance in Homœopathic literature,* so that I cannot tell you whether our remedies have any power of averting its usual termination in death. The free and persistent use of *Aconite* is the only treatment I can suggest.

The dura mater may be chronically affected (? inflamed) by the poison of syphilis and perhaps by that of rheumatism. I say "perhaps" to the latter: because when metastasis of acute rheumatism to the brain occurs, it is the cerebral arachnoid with the pia mater which is found inflamed. For the former, which usually comes before us as "syphilitic headache," *Mercurius Corrosivus* and *Iodide of Potassium* are in our hands as in yours the most efficient remedies.

2. Inflammation of the pia mater involving the

* The following case, however, should be read, and taken at its worth. "A youth, æt. 18, had suffered from a discharge from the ear, which became suppressed by cold. He had violent piercing and insupportable pains darting from one ear to the other through the head; high fever, intolerance of light with very moveable pupils, sleeplessness or starting up from slumber, violent cough with pain in the forehead, constipation. He took *Bryonia* 2, one sixth of a drop every two hours. At the end of twenty-four hours the discharge from the ear had returned, he had profuse perspiration, especially upon the head, the pain and fever were but slight, the skin only moderately warm, thirst not urgent, but he was restless, tossed about, thought he was going to die, slumbered a good deal, and had an involuntary discharge of mucus from the bowels. *Hyoscyamus*, 2nd dil., followed by the 1st, removed all danger in three days, and the patient was well in six." (Peters 'On Diseases of the Brain.')

arachnoid appears to be the form of meningitis set up by the scarlatinal and rheumatic poisons, and from insolation. It is this form also which results from tubercular deposition, which we shall study as acute hydrocephalus among the diseases of children. In the simple variety, *Bryonia* is probably the most homœopathic remedy: though the involvement of the subjacent grey matter of the cerebral hemispheres may require the aid of *Belladonna*.

Phrenitis (brain fever)

is, of course, inflammation beginning in the brain substance itself, and spreading or not to the membranes afterwards. In the latter case it constitutes the "encephalitis" of Watson. In its acute and general form it is the kind of mischief we meet with in the course of reaction from concussion, and as the result of mental excitement, intemperance, and such-like causes. Its various modes of commencement, according to the part of the brain first affected; and its two well-marked stages of excitement and collapse, are familiar to every student of the Cicero of medicine.

For the typical form of the disease, as described in those eloquent pages, the treatment is very obvious. In the stage of excitement *Aconite* is always indispensable. Give repeated doses until arterial tension relaxes and febrile heat departs in perspiration, and you will have won half the battle. All the good effects ascribed by Abercrombie and his followers to bloodletting in these cases

will have been obtained, without spoliation of the vital fluid. Then follow up with *Belladonna*; and it will not be long before all perverted cerebral excitement subsides to the calm of health. Again, let us suppose you are called to the patient as the stage of excitement is merging into that of depression and stupor, or when this latter condition is already developed. You will remember Trinks' canon as to the place of *Bryonia* in serous inflammations ('Pharmacodynamics,' p. 168): and employ it accordingly where you have reason to suppose that the meninges are involved.* In other cases, most benefit is to be looked for from *Arnica* or *Helleborus*. Of the place and value of all these medicines you will find abundant illustration in Dr. Peters' treatise. As to the general management I will only say that in the first stage quiet and darkness are indispensable, while the usual cold appliances to the scalp are at least unnecessary; and that in the second stage you may cautiously try stimulants if you like, but I hope you will never think it desirable to crown your patient's head with a cap of blistering plaster.

Your experience, however, if it agrees with my own, will tell you that this typical form of the disease is rarely met with in practice:—that is, in adults. The cases of cerebral inflammation which ordinarily come before us present the symptoms described in books (as by Rowland in Peters' 'Treatise on Apoplexy,' p. 143) as belonging to

* Wahle states that in cases where *Bryonia* is indicated, the face is very red, or almost mahogany-coloured. (Peters 'On Diseases of the Brain,' p. 105.)

“inflammatory softening of the brain.” Of this I shall now speak.

Softening

of the brain seems at length pretty well understood, since the microscope has been applied to its post-mortem results. It is either an inflammatory process, or a fatty degeneration from obstruction of arteries. In the inflammatory form the medicines most likely to be of service are *Belladonna*, *Nux Vomica*, and *Mercurius*. *Belladonna* would probably suffice in recent cases, where the inflammatory symptoms were well marked. The power of *Strychnine* to produce softening of the spinal cord and cerebellum is undoubted (see Peters’ ‘Treatise on Apoplexy,’ p. 127) : and I see no reason why, in the form of *Nux Vomica*, it should not exert a similar influence upon the cerebrum itself. But the medicine I should use with most confidence in this disease is *Mercury*. Let me cite two paragraphs from my letter to you on this drug. “The workers in *Mercury* get cerebral symptoms as idiopathic as is the mercurial tremor. Sleeplessness, loss of memory, delirium, and apathy come on: the sufferers may die comatose and hemiplegic: and the cerebral hemispheres, one or both, are found after death in a softened condition, with effusion into the ventricles.” And then “When Watson says ‘I have known several obscure but threatening symptoms of brain disease clear entirely away, when the gums were made sore by *Mercury*, and kept slightly tender for some little time’ one feels tempted to suppose that

the power of the drug to cause cerebral disease has had something to do with the cure."

The softening dependent on deficient nutrition is, as I have reminded you, a fatty degeneration, and results from arterial obstruction. You may of course retard its advance by enriching the blood—as by chalybeates and generous diet—and so enhancing the quality of such supplies as reach the affected part. Or you may act directly on the degenerating brain itself by such medicines as *Phosphoric acid*, *Anacardium*, and *Zinc*. But it is possible that Homœopathy may help us "tollere causam" here. If the arterial obstruction be from an impacted clot or from external pressure, there is obviously nothing to be done. But if it result from atheroma of the coats of the vessel, then a fair trial should be given to *Phosphorus*. Of the relation of this medicine to fatty degeneration I have already spoken. Dr. Hughes Bennett, indeed, denies that atheroma is a true fatty degeneration, and describes it as a chronic arteritis, with adipose transformation of the exudation between the coats. But Dr. Black says, "In the case of a gentleman, aged sixty, with weakened brain and bronchitis, depending on adipose degeneration, I have seen, after five years of long and steady use of Arsenic, Digitalis, and Phosphorus, a very material gain in health and strength. A large arcus senilis diminished; a pulse, felt with extreme difficulty, now readily counted; and a weak-beating heart now manifesting in its clearer sounds a great gain in vigour."*

* 'Annals of Brit. Hom. Soc.,' vol. iii, p. 424.

The last disease of which I shall speak in this letter is

Apoplexy.

Of the treatment of this very common disorder we have abundance of Homœopathic experience on record. I need not refer you to many books, however; for you will find a very complete collection of all that has been published on this subject in Dr. Peters' 'Treatise on Apoplexy.'

There are three stages in the course of the malady in which we may have to consider the most appropriate treatment to adopt.

1. Our patient may be suffering under the well-known premonitory signs of the affection. Presenting constitutional evidence of tendency to cerebral congestion or to arterial degeneration or both, he complains of headache, vertigo, transient deafness or blindness, double vision, faltering speech, partial paralysis or anæsthesiæ, failure of memory, drowsiness, dread, and so on. Here, besides the obvious hygienic and general measures, we have medicines of inestimable service. *Nux Vomica* or *Belladonna* (most frequently the former) will control the determination of blood to the brain; and *Phosphorus* will in all probability retard the advance of brittleness and obstruction of the arteries.

2. We may be summoned to a patient in an apoplectic fit. If extravasation of blood or serum has already taken place, we cannot remedy that. But if either an excited state of the circulation, or active cerebral congestion be present, they must be

remedied, or farther mischief will ensue. In the former case, withhold your lancet, and give *Aconite* at short intervals. You will be astonished at the rapidity with which the beneficial results formerly obtained by bloodletting will manifest themselves under the action of this potent drug. There are indeed few cases of apoplexy—none certainly in vigorous or plethoric subjects—in which one or more doses of *Aconite* may not be given with advantage. If, however, the cerebral congestion be the most prominent feature in the case, another medicine will have to be selected. Your choice lies between *Nux Vomica*, *Belladonna*, and *Opium*. The first I believe to be by far the most homœopathic to the morbid condition, and to be generally its best remedy. But it is impossible to read the cases narrated by Peters without granting that *Belladonna* and *Opium* have frequently been of signal value in dissipating the apoplectic congestion. When, therefore, the symptoms present remind you strongly of those of poisoning by the one or the other of these drugs, you will do well to choose it as the *simillimum*. Otherwise, I would advise you to rely on *Nux*. You may aid it if you like by cold to the head, warmth to the feet, enemata, and such like: but purgatives I think you will find as unnecessary as they are distressing.

In old people, where neither arterial excitement nor cerebral congestion are present, but the symptoms depend simply on the giving way of a long diseased blood-vessel, the case is not very hopeful under any treatment. *Arnica* and the salts of *Baryta* are most in repute in such cases,—the

former at the time of attack, the latter in aid of convalescence.

3. The after consequences of apoplexy are cerebritis or hemiplegia. *Belladonna* should be the remedy for the former : the treatment of the latter I shall discuss under the head of Paralysis.

LETTER XIII.

DISEASES OF THE NERVOUS SYSTEM (*continued*).

IN my present letter I shall endeavour to give you some hints as to the Homœopathic treatment of Mental Disorders. The field is so vast, and so comparatively unworked, that I can do little more than give hints. No Homœopath has as yet had an opportunity of trying our remedies on any large scale in a lunatic asylum. The statistics of one private establishment where the medicinal treatment was strictly Homœopathic are given in the 'Brit. Journ. of Homœopathy,' vol. xii, p. 483, and are fairly encouraging. There are numerous cases of the successful treatment of mental disorders scattered throughout our literature. Those collected by Rückert have been arranged by Dr. Peters in one of his useful volumes ('On Nervous Derangements and Mental Disorders,' Radde, New York). Some of these I shall mention as I go on : at present I would refer to the seven cases by Dr. Sztaravezki of Hungary, recorded in vol. i of the above named Journal, p. 361, and to those given by Dr. Mayerhofer in a paper on "Nervous and Mental Disorders" in the fourth volume, p. 385. If to these you will add the review of Jahr's book on the subject in the twelfth vol., p. 459, you will have

before you all that is necessary to fill in the sketch I shall now attempt to give.

In choosing a specific medicine for a case of mental disorder it is more than ever necessary to take into account the "totality of the symptoms." I mean that the intellectual or moral disturbance is often intimately connected with a morbid state of the blood or of some organ of the body; and the remedy for the former must accordingly cover also the latter. I need hardly remind you of hypochondriasis and delirium tremens, of the melancholia of hepatic disease and of oxaluria, of puerperal mania and melancholia—as examples of what I mean. And it is here that we gain so much by knowing the mental and moral characteristics of our medicines. There is no reason to suppose, for instance, that Pulsatilla has any direct relation to psychological disorders. But when we meet with its distinctive *morale* aggravated into mental disease, especially in uterine cases, we may prescribe it with the fairest hope of a cure. I shall refer to some instances of this when I come to speak of female disorders.

Your first step, then, will be to consider the morbid state of the whole organism with a view to the choice of a specific remedy. In this way medicines like *Nux Vomica* and *Sulphur* may often be the best to administer. The former is invaluable in "hypochondriasis"—*i. e.*, melancholia accompanying, but out of proportion to, dyspepsia—when the gastro-intestinal symptoms are (as they generally are) those of this drug. Sulphur is the remedy to

be given when the cutaneous symptoms indicate an impure state of the blood.

If, however, there be nothing remarkable about the general condition, and no evidence of primary disorder of any organ or function, you will have to consider the medicines which act more directly upon the nervous centres. I will speak of these under the heads of the three leading types of mental disease,—mania, melancholia, and dementia.

Mania.

Excluding the puerperal form of this disorder (of which I shall speak in its proper place) your choice for its remedy will nearly always lie among the three “mydriatics,” *Belladonna*, *Hyoscyamus*, and *Stramonium*. You will remember the differential characteristics of these medicines, as I sketched them in my letters on Pharmacodynamics,—the more furious rage of *Stramonium*, the marked hyperæmia of *Belladonna*, and the altogether less active and sthenic type of the delirium of *Hyoscyamus*. The first of the three has been most frequently used with success; but so thoroughly homœopathic are they all to the essential features of mania that you will do well to supplement the one by the other rather than change to any more distantly-related medicine. *Veratrum album* is the only other remedy I would mention. Its reputation among the ancients has been confirmed in our practice. Anguish of mind appears to be the symptom calling most strongly for it.

Melancholia,

when not a symptom of dyspepsia, hepatic disease, oxaluria, or disordered ovario-uterine function, finds its remedy among certain metallic drugs, notably *Aurum* and *Platina*. After these come *Arsenic*, *Iodine*, and *Mercury*; and lastly, one medicine from the vegetable kingdom, *Ignatia*. *Aurum* is the classical remedy for *suicidal* melancholy. *Platina* is a medicine especially suitable to women. It has cured both religious melancholy and that connected with deranged uterine health in these subjects. The apprehension of death is said by Dr. V. Meyer to be the special indication for this medicine. The peculiar psychical states induced by *Arsenic*, *Iodine*, and *Mercury*, you will find described under the headings of these medicines in my first volume: and the restless, anguished depression of *Arsenic*, the discouragement and dispiritedness of *Iodine*, and the fretful irritability of *Mercury* may guide you to an occasional cure. *Arsenic* has already been used successfully in cases presenting its characteristic symptoms. Lastly, *Ignatia* should generally be preferred when the melancholy is recent, and is distinctly traceable to a psychical impression, as grief, fright, disappointment, &c.

Dementia,

when occurring in the young, is nearly always (I apprehend) the result of masturbation. If cure is possible, *Phosphoric acid* or *Anacardium* would be

the medicines most likely to effect it. In persons advanced in life, the same remedies have some power in checking the inroads of senile mental decay. *Zinc* is another remedy of the same order : and *Helleborus* deserves consideration (see Hahnemann's remarks on its pathogenesis, *Pharmacodynamics*, p. 298).

While the three types of mental disorder already discussed embrace every form of Insanity proper, it will be necessary to say a few words upon the treatment of idiocy and of the general paralysis of the insane.

Idiocy

is so often the cerebral manifestation of general mal-nutrition that it is not vain to hope for some aid in its treatment from our specifics, especially *Calcarea* and *Phosphorus*. Dr. Guggenbühl tried them for a time in his well-known asylum for cretins, and is reported to have been very pleased with the results obtained.

General Paralysis of the Insane

appears to be in all cases connected with an inflammatory condition of the cerebral meninges. The only other fact guiding our treatment is that the mental condition characteristic of it is one of great exaltation. This should lead us to try whether any benefit is to be obtained in the incipient stage of the disease from *Cannabis Indica*. Dr. Kidd speaks of having done something here with *Zincum Sulphu-*

ricum ('Annals,' vol. iii, p. 427): and *Mercurius Corrosivus* has occasionally been of use.

Hypochondriasis and Delirium Tremens must finally be discussed before we leave the subject of mental disorder.

Hypochondriasis

has been already alluded to in its most common form, *i. e.* of melancholia accompanying, but out of proportion to, dyspepsia: and the value of *Nuxvomica* in such a condition mentioned. But in its wider range it is well defined by Drs. Gull and Anstie* as "mental depression, occurring without adequate cause; and taking the shape, either from the first or very soon, of a conviction in the patient's mind that he is the victim of serious bodily disease." Over and above the moral treatment required for these patients, I think you will find *Arsenicum* and *Ignatia* of service in their management. The latter medicine will control their occasional semi-delirious exacerbations of mental distress. The former is indicated by the "burning pains" so characteristic of hypochondriasis, which also corresponds closely with the mental condition induced by this poison. Dr. Black (Hahnemann 'Materia Medica,' Part I, p. 25) speaks highly of its value here, in association with *Mercurius*.

Delirium Tremens

is confessedly an instance in which more patients have died of the doctor than of the disease. Treated

* 'System of Medicine,' vol. ii, Art. "Hypochondriasis."

of old as an inflammation, the antiphlogistic measures and regimen adopted were (so Watson tells us) "positively injurious." But now the same imputation is cast upon the opiate treatment which in his eyes seemed their rational substitute. "Great mischief" is ascribed in the latest treatise on Medicine to such belief and practice: and we are told that "the idea that patients in delirium tremens require to be narcotized into a state of repose may now be said to be abandoned by those best qualified to speak upon the subject." The treatment of the present day seems to be one of almost pure expectancy,— "the successful treatment of delirium tremens, in nine cases out of ten, depending on the regular and continuous supply of suitable nutriment, whereby the functions of the nervous system are supported during the struggle towards recovery."

I have no statistics to bring forward bearing on the question whether Homœopathy can add anything to the success of Expectancy here. But I think it highly probable: and shall endeavour to give you the indications for certain medicines to be used in its treatment.

You will generally require two,—one to control the cerebral disorder, the other to meet the gastric and general nervous symptoms of the alcoholized patient. The former you will find in *Hyoscyamus*, *Belladonna*, or *Stramonium*,—far most commonly the first. It is rare that the delirium is inflammatory enough for *Belladonna*, or sufficiently maniacal for *Stramonium*. The medicines of the latter class which will do you good service are *Tartar Emetic* and *Arsenicum*. The former answers best when

there is much *mucoous* gastric derangement, as when beer has been the intoxicating agent: the profuse cool sweats also indicate it.* Arsenic comes in when the condition of stomach is one of true gastritis, and when the nervous disorder is considerable, as shown by the prostration and the muscular tremors,—the latter of which it remarkably controls.

By giving one of the latter medicines by day, and one of the former by night you will, I think, get very satisfactory effects in delirium tremens. For some illustrative cases I refer you to a paper on the disease by Mr. Moore of Liverpool, in the 8th volume of the 'British Journal of Homœopathy.' I agree with him in thinking that Hyoscyamus requires to be given here not higher than the 1st dec. dilution.

Delirium tremens is now described as "acute alcoholism," and is viewed in connexion with a series of changes in the nervous functions occurring in drunkards to which the term "chronic alcoholism" is given. Muscular tremors and morning vomiting are the most common of these: grave degenerations of the nerve-centres, as indicated by paralysis and mental alienation, stand at the other extremity of the scale. I need hardly say that if such patients are to be treated successfully, their vicious habit must be broken off. But besides this, you may obtain great benefit by the administration of *Nux vomica* in these cases, when the mischief has

* The tendency to the supervention of pneumonia in cases of delirium tremens is another proof of the homœopathicity of Tartar Emetic.

not gone too far. In more advanced forms of the disease I suppose we could hardly do better than what Dr. Anstie recommends, viz. endeavour to improve the nutrition of the nervous centres by *Phosphorus* and fatty foods.

LETTER XIV.

DISEASES OF THE NERVOUS SYSTEM (*continued*).

HAVING now concluded the substantive diseases of the brain, I must, before passing to the spinal cord, speak of certain phenomena, proximately cerebral, but of very various origin, which frequently come before us for treatment. These are Headache, Vertigo, and Sleeplessness.

Headache.

It is one of the glories of Homœopathy, that it has brought within the range of curative treatment a multitude of minor ills hitherto thought unworthy of the practitioner's attention. Who ever contributes to the 'Lancet' and its fellows a case of chronic or recurrent headache successfully treated? It is one of the most prevalent of complaints, especially in women: but it has come to be regarded as a necessary evil, and neither physicians nor patients think of it as curable. It is just the reverse with Homœopathy. Our literature abounds with cases of the cure of headache (Dr. Peters has collected 169 in his treatise on the subject): and the relation of many of our medicines to this form of pain is accurately fixed. For full details I refer you to the 'Treatise on Headaches' by Dr. Peters, which

I have mentioned: and to the admirable papers "On Headaches" by Dr. Black in vol. v of the 'British Journal of Homœopathy.' I will myself endeavour to sketch for you the treatment of the leading forms of the malady.

Of toxæmic (syphilitic, gouty, rheumatic) and sympathetic headaches I need not speak particularly. Their treatment must be that appropriate to the blood-poison or the disordered organ on which they depend. The three great types of headache which come under our notice are the nervous, the congestive, and the "sick" headache.

1. By the "nervous headache" I understand a hyperæsthesia of the brain itself or of some of its issuing nerves, depending upon a morbidly excitable condition of the cerebral substance. We have two excellent remedies for this trouble,—*Belladonna* and *Nux vomica*. The former is, as a rule, most applicable to women and children; the latter to men. They will not only relieve at the time: but in many cases their continued use will greatly lessen the morbid susceptibility upon which the suffering depends.

There are two varieties of this headache which require special mention. The first is the "clavus hystericus." *Nux vomica* has not seldom proved curative here: but as a rule *Ignatia* is preferable. The temperament and constitution of the patient would decide our choice. The second is hemicrania (migraine). It is very curious how rarely this affection is met with in the Anglo-Saxon race. Our French and German *confrères* have plenty to say about it: but no cases are reported in the journals

of England and America. I have myself only seen one instance of true migraine: and this was in a lady who had spent much of her life in Paris. Has our less habitual coffee-drinking anything to do with it? Hahnemann and Teste agree in thinking so. I refer you to two papers on Migraine by Drs. Trinks and Clotar Müller respectively ('Brit. Journ. of Hom.,' vol. xxi, pp. 1 and 276) for a full consideration of its remedies. Here also Belladonna and Nux vomica bear off the palm,—the former being said to give most relief during the paroxysm, the latter most frequently effecting a radical cure. The other medicines favourably mentioned by Dr. Müller are Ipecacuanha, Arnica, Calcaria, Sepia, Ferrum, and Verbascum. He confesses, however, that he has only twice succeeded in effecting a radical cure of the malady—once with Verbascum and once with Calcaria acetica. Dr. Trinks' experience leads him to commend Arsenicum, Belladonna, Calcaria, Ignatia, Mercurius corrosivus, and Sepia.

2. Congestive headaches should be treated at the time by Aconite, Belladonna, Bryonia, Nux vomica, or Glonoine if the congestion be active; by Gelseminum or Opium if it be passive. *Aconite* is most suitable when arterial tension is present, with irregularity or excitement of the circulation throughout the body. *Belladonna* acts well when, without such symptoms, there is great hyperæmia of the head and neck, with flushing of the face and burning of the eyes. *Bryonia** and *Nux vomica* suit the conges-

* The following case is not given in Dr. Peters' Treatise. It is

tive headache connected with dyspepsia and constipation. With the former the pain is in the forehead, and accompanied with giddiness; both being much increased by stooping, which causes a sensation as if the brain would fall out. The Nux headache is rather occipital: and is especially aggravated by mental exertion. *Glonoine* is of great value where the headache is accompanied with much throbbing. For the headaches of passive conges-

related by Dr. Chapman in the 'Brit. Journ. of Hom.,' vol. vii, p. 505.

"A lady arrived at Liverpool from South America in a great state of suffering. From the time she went on board the ship until she landed she had been constantly sea-sick; was never free from nausea, and vomited frequently. During the last fortnight of her voyage there had been hæmatemesis several times. The bowels had not been relieved for upwards of a fortnight, though she had taken pills frequently, which only increased her nausea and the distress of her stomach.

"Her face was very red; she was very giddy; she could not stand, and could scarcely sit. She had considerable headache; a sensation of great fulness in the bowels. The slightest movement increased her sufferings, which were partially relieved on lying down, and keeping quite still. The colon was distended, and to the touch seemed loaded with fæces. Notwithstanding her repugnance to it, half-an-ounce of Castor-oil with a few drops of Laudanum was given to her. She retained it; and discharged an enormous quantity of fæces.

"The next day, though the distension of the bowels was relieved, and the long-accumulated fæces had been removed, all her symptoms of sea-sickness continued: the flushed face, the headache, the giddiness, and the nausea; the distress increased on any movement. A drop of Bryonia of the 3rd dilution was given her; the next day she was quite well, and travelled to London."

Qy.? If the Bryonia had been given on the first day, would not the bowels have acted without the castor-oil, and the other symptoms have disappeared simultaneously?

tion the only diagnostic distinction I can point out between those of *Opium* and those of *Gelseminum* is that sleepiness is more marked in the former, and giddiness in the latter.

The management of these headaches when chronic is to a large extent hygienic and regiminal. In the choice of medicines the state of the whole health has to be taken into consideration; and may sometimes lead us to medicines like Sulphur, Sepia, and Calcareo instead of the more common Belladonna and Nux. I will only add that in many cases of continuous general headache of congestive type, with tendency to deafness and noises in the ears, I have seen most satisfactory results from the first three triturations of *Quinine*.

3. The "sick-headache" may be, I believe, either primarily cerebral, or gastro-hepatic. Migraine, already discussed, is an example of the former variety: but the pain is often more deeply seated. There is retching rather than free vomiting: and the ejecta are little more than water and mucus. *Bryonia* and *Cocculus* are medicines which will often relieve this headache at the time: with the latter the symptoms resemble those of sea-sickness, as in the case I have cited when speaking of this medicine ('Pharmacodynamics,' p. 229). But more reliance is to be placed upon treatment steadily pursued with a view to prevent the recurrence of these attacks. To the two medicines already mentioned I may add *Stannum*, *Sepia*, and (again) *Nux vomica* as frequently useful for this purpose. In the gastro-hepatic variety, where the vomiting is free and early, and much bile is ejected, we have a most

valuable remedy in the *Iris versicolor*. It will generally cut short the paroxysms; and its continued use, with proper attention to diet and hygiene, will rarely fail to obviate their recurrence.

I will just mention a few other medicines suitable to occasional varieties of headache, referring you to my account of the drugs themselves for the special indications for their use.

Actæa racemosa (in women, pain in eyeballs).

Atropia (where *Belladonna* is indicated, but fails).

Cactus (headaches of congestion and heart-disease).

Carbo vegetabilis (passive venous congestion in old people).

China (headaches from loss of blood, pressure on vertex).

Coffea (nervous headache with sleeplessness).

Cyclamen (like *Actæa*, in chlorotic subjects).

Ferrum (as *China*, pseudo-congestive symptoms present).

Helleborus ("stupid headache").

Lachesis ("sick headache," in menopausal subjects on vertex).

Murex purpurea (uterine headache).

Naja (intense frontal headache, with depressed spirits).

Silicea (headache of organic disease).

Spigelia (neuralgic and rheumatic headache, eyeballs involved).

Stramonium (hyperæsthetic headache in nervous subjects).

Veratrum album ("sick headache," with coldness and prostration).

Zincum (chronic headache with depressed cerebral energy).

Vertigo.

The list of symptoms of nearly every medicine contained in Jahr's 'Codex' begins with "vertigo." In the presence of this distressing *embarras de richesses* you will be glad to have the results of experience in the treatment of the symptom in question.

Symptom it is, and nothing more, in organic disease within the cranium, in apoplexy, and in gastro-hepatic disturbance. Persistent in the former case, temporary in the two latter, in either it affords no point for special treatment. But vertigo not uncommonly comes before us unconnected with either of these causes, and sufficiently prominent to require special attention and medication. I suppose it to be always dependent upon disorder of the cerebral circulation. When this is of a congestive character, and accompanied with headache, the medicines already recommended for the latter consequence will remove the latter also. But cases often occur, especially in old people, in which chronic cerebral congestion causes much giddiness but little or no aching. For this affection I have derived singular benefit from *Iodine*, in about the 3rd dec. dilution. *Sulphur*, also, must not be forgotten. Still more frequently, however, vertigo owns a cardiac origin, and testifies to deficient supply of the brain from an enfeebled heart. This

is the "essential vertigo" of Dr. Ramskill ('System of Medicine,' vol. ii, art. "Vertigo"). In such cases we shall have some palpitation and breathlessness, a feeble pulse, and a tendency to syncope. Here *Digitalis* is our grand remedy. The disappearance of the vertigo is generally the earliest sign of the toning influence exerted by this drug on the muscular tissue of the heart. The giddiness of epileptics, when not amounting to the "petit mal," finds a useful medicine in *Hydrocyanic acid*.

Insomnia

is still more rarely met with as a substantive affection than vertigo. It will nearly always yield to the treatment, medicinal and general, suited to the systemic condition. In the rare cases where it assumes so much prominence as to require special treatment, it has two excellent remedies in *Coffea* and *Hyoscyamus*. The former is better when the sleeplessness is part of a general nervous excitability and restlessness,—the latter when the disturbance is chiefly cerebral, as when such light sleep as is obtained is much broken by dreams.

The habitual use of Coffee as a beverage, if not taken in excess, is no counter-indication to its exhibition as a remedy. In cases, however, where the sleeplessness is traceable to its immoderate use—especially when it is drunk by students to keep them awake—it must be discontinued, and *Nuxvomica* or *Chamomilla* given as an antidote. When sleeplessness arises from the undue use of Tea, Coffee

is generally all that is required ; but *China* is said to be the specific antidote to the morbid effects of the Chinese leaf.

On the subject of

Injuries of the Head

I have but a very few hints to give. In cases of concussion, there is no harm in administering *Arnica*, though its power of benefiting has yet to be proved. *Belladonna* would be the medicine best suited to keep the re-action from running on to inflammation. The treatment of compression is of course that of apoplexy. Of traumatic encephalitis I have already spoken under the head of meningitis.

LETTER XV.

DISEASES OF THE NERVOUS SYSTEM (*continued*).

FROM the diseases of the head I pass to those of the Spine. Reserving tetanus and the various forms of paraplegia for after consideration, I shall speak of meningitis, myelitis, congestion, irritation, hæmorrhage, softening, induration, and atrophy of the cord, and lastly of injuries affecting it. In so doing, I shall assume as my basis for pathology and diagnosis our latest contribution to the subject, Dr. Radcliffe's article on "Diseases of the Spinal Cord," in the 2nd vol. of Dr. Russell Reynolds' 'System of Medicine.'

In discussing the treatment of these maladies, I regret that I can do little more than give hints and suggest probabilities. There is an almost utter absence of well-diagnosed spinal disease in Homœopathic literature. I can only hope that by noting this deficiency I may stir up some of our practitioners, whose large experience must have included cases of this kind, to tell us what they can do for them, and with what remedies.

Spinal Meningitis.

In the acute form of this disease, analogy would lead us to expect the best results obtainable from

Aconite and *Bryonia*. The remarkable homœopathicity of *Oxalic Acid*,* also, should be borne in mind. In the chronic forms, the mischief may generally be traced to the rheumatic or syphilitic diathesis; in which case I can hardly improve upon your *Iodide of Potassium*, whose virtue is well illustrated in a case of this kind given in Dr. Chambers' 'Lectures, chiefly Clinical.' Dr. Acworth thinks there is a "gouty spine" analogous to that of rheumatism and syphilis:—*Sulphur* and *Colchicum* may be suggested in its treatment.

Myelitis

not unfrequently complicates spinal meningitis, but I cannot think that its presence there would alter the treatment. But what can we do for it when we meet with it as an independent malady? In the absence of any Homœopathic experience, the only outlook of promise I can discern is in what Dr. Brown-Séquard tells us of the value of *Belladonna* and *Secale* in this malady. He accounts for the virtues of each on the ground of their contracting influence upon the arteries through the medium of the vascular nerves. Without questioning their possession of this power, I think it has yet to be proved that by means of it a fully-developed inflammation can be arrested. And when we come to think of the other actions of the two medicines used, it becomes highly probable that they are after all homœopathic to the morbid condition. Analogy would lead us to credit *Belladonna* with an influence

* See 'Brit. Journ. of Hom.,' Jan., 1869.

on the spinal marrow analogous to that which it exerts upon the brain; and hence its use in Myelitis would answer to its acknowledged virtue and *modus operandi* in phrenitis. Secale causes marked paralysis, anæsthesia, and other spinal phenomena. I am, indeed, unable certainly to identify the pathological condition induced by it with myelitis: but the phenomenal similarity is sufficient, in conjunction with its reported usefulness, to justify its fair trial in our hands. Perhaps Belladonna may be found most suitable in acute, Secale in chronic myelitis.

Spinal Congestion

is excellently characterised by Dr. Radcliffe. A truly homœopathic remedy to it is obviously *Nuxvomica* or its alkaloid. Dr. Radcliffe himself, in the illustrative case he relates, speaks of “*Nuxvomica* now and then in small doses” as part of the (successful) treatment. But I can speak most favourably, from what I have myself seen, of the action of *Gelseminum*. I would only add that, should spinal congestion be met with as a recent affection resulting from suppression of a menstrual or hæmorrhoidal discharge, the timely administration of *Aconite* might restore the disturbed balance of the circulation without the aid of any other remedy.

Spinal Irritation,

moreover, owes to Dr. Radcliffe a description which separates it distinctively from hysteria on the one

hand, and from myalgia on the other. I have seen several cases of this disorder, and find it very intractable. *Ignatia* promises fairly in its treatment. In a case reported by Dr. Chepmell in his recent work it did much good in conjunction with *Platina*,—the latter being given on account of the uterine symptoms present. But the medicine from which I have most hope in the treatment of spinal irritation is the *Actæa racemosa*. I am testing it at present in several cases, both in the higher and lower dilutions; and will some day report my results. *Cocculus*, also, has been found useful, and *Agaricus* deserves consideration.

The remainder of the diseases of the spine may be dismissed, as far as medicinal treatment is concerned, in a few words. Spinal *hæmorrhage* must be treated on the same principles as cerebral hæmorrhage. If *softening* of the cord be diagnosed, apart from inflammation, *Phosphorus* would be its most likely remedy. In the rare spinal affections, *induration* and *atrophy*, *Plumbum* would be homœopathic. And if *Arnica* failed to remove the effects of concussion of the spinal marrow, we have another remedy for them in the *Hypericum perforiatum*.

I have now to speak of the treatment of the various forms of

Paralysis.

I have discussed the subject at length, in its pathological and diagnostic, as well as therapeutical,

bearings, in two papers in the 'Brit. Journ. of Hom.,' for Oct. 1868 and Jan. 1869.* Referring you to these for more minute particulars, I will now set down what I have to recount or to suggest as to the treatment of the various forms of paralysis.

Adopting a somewhat different arrangement from that of my paper, I shall speak here of Hemiplegia, Paraplegia, General Paralysis, Constitutional Paralysis, Locomotor Ataxy, Wasting Palsy, and Paralysis Agitans.

1. *Hemiplegia* most frequently comes before us as the sequel of apoplexy. Now as return of power is here generally only a question of time, it is not easy to say whether recovery under this or that medicine is a case of *propter* or only *post*. The medicines in most repute for the purpose are *Nuxvomica*, *Cocculus*, *Baryta*, and *Arnica*: and you can at any rate do your patient no harm by keeping him under one or other of these until he recovers. I can at present give you no indications for the choice of one in preference to the other, except that *Nux* would seem specially indicated when rigidity of the paralysed limbs hinted at irritation having been set up around the clot.

The other forms of hemiplegia, as from softening, hysteria, syphilis, &c., have been or will be considered in their proper place.

2. *Paraplegia* also depends upon various causes elsewhere considered. Its "reflex" form—*i. e.* when it is secondary to some local disease—requires of course treatment directed to the part affected, as in the case of uterine paraplegia cured by Caulo-

* Also published separately (Turner).

phyllum mentioned by Dr. Hale, in his "New Remedies." "Tabes dorsalis" is a name conveniently restricted to that form of paraplegia which follows sexual excess or abuse. *Phosphorus* is its main remedy, though *Kali bromidum* is thoroughly homœopathic to the condition present, and *Argentum nitricum* is not to be forgotten.

3. *General Paralysis*, as occurring in connexion with a peculiar form of insanity, has been already mentioned. But it is met with independently ("general spinal paralysis" of Duchenne), and is possibly dependent upon softening of the anterior column of the cord. Here again *Phosphorus* ought to be our chief medicine: though pathogenesis would point to *Conium* and clinical experience to *Cocculus* as not less strongly indicated.

4. *Local Paralysis* will usually come under discussion when speaking of the organs whose function is affected. But two must be considered here, the "facial palsy" of Bell and the "glosso-laryngeal paralysis" of Trousseau and Duchenne. For facial palsy, from exposure of the side of the face to cold or damp, the remedy in most repute is *Causticum*. *Aconite*, however, should not be omitted if the trouble be recent. When arising, as it sometimes does, from fright or other emotion, I should treat it as I should a trismus similarly induced, viz., by *Ignatia*. In glosso-laryngeal paralysis our only hint for treatment is derived from the fact now ascertained, that the local degeneration of the nervous centres on which it depends commences with hyperæmia. Hence *Belladonna* might help.

5. *Constitutional Paralysis* is connected either

with neurotic or with toxæmic disorders. Hysterical paralysis is an example of the former; diphtheritic paralysis of the latter. The only constitutional paralysis which will fall to be discussed here is the *rheumatic*. In the paper I have referred to I have adduced reasons for believing this to be a distinct form of paralysis. When it can be diagnosed, I should expect to find its remedies in *Aconite* and *Rhus* in recent cases, aiding the *Rhus* with *Sulphur* when the affection was chronic.

6. *Locomotor Ataxy* is only provisionally classed amongst the paralysees. It will probably one day occupy in nosology a distinct position of its own. In the mean time we have to consider it for treatment as a neurosis characterised by progressive ataxy of voluntary movement, accompanied by certain neuralgic, paralytic, and anæsthetic symptoms, and manifesting itself *post-mortem* (if at all) by hyperæmic atrophy of the posterior columns and roots of the cord. In my paper on Paralysis I have pointed out the remarkable homœopathicity of *Belladonna* to this group of symptoms. I have already remarked, when writing to you upon this drug, that the disorder of standing and walking observed in many cases of poisoning by it does not appear to be a true paraplegia: it resembles rather that want of control of the lower limbs which is induced by alcohol. Then farther, it has also in its pathogenesis nearly all of those apparently incongruous symptoms which characterise the idiopathic disease. No medicine equals it in specific affinity for the eye, where it has caused the injected conjunctiva; the dilated, sometimes varying pupils;

the diplopia; and the ptosis—so often observed in ataxy. Then Lusanna notes that the full effect of Atropine is to cause incontinence of urine, and even involuntary fecal discharges. Anæsthesia, always induced by the local application of the drug, has in one case of poisoning been general over all parts of the trunk and extremities. Dr. Brown-Séquard states that no substance is so powerful a depressant of reflex excitability as Belladonna. I know, indeed, of no observations of neuralgic pains having been caused by Belladonna, but its well-known power of curing them, in the small doses we use, indicates its homœopathic relationship thereto. Now consider the pathological basis of the symptoms of locomotor ataxy,—that it is a *hyperæmia* going on to atrophy; and I think you will be induced to try Belladonna, in the earlier stages at least, with the fairest hopes of success.

The only other medicine I have to mention in connexion with locomotor ataxy is *Arsenicum*. The neuralgic pains so distinctive of the disease are characteristically those of this medicine; and when they were predominant, I should feel disposed to give to my Belladonna the benefit of its aid.

7. *Wasting Palsy*, the progressive muscular atrophy of Cruveilhier and Duchenne, is also no true paralysis, though it must be considered here. In the present uncertainty whether the lesion is primarily central or peripheral it would be wise to administer *Belladonna* in this disorder also. But it should be alternated with medicines capable of

causing the characteristic changes in the muscles themselves. The only known ones are *Phosphorus* and *Plumbum*. The former would be indicated where the muscles undergo fatty degeneration, without change in bulk: the latter where they simply waste away.

8. *Paralysis Agitans* is a third example of a palsy which is such only in name. The precise analogy borne to it by the mercurial tremor suggests *Mercurius* as its most suitable remedy, if it have a remedy. I know no record of its Homœopathic treatment.

LETTER XVI.

DISEASES OF THE NERVOUS SYSTEM (*continued*).

UNDER the head of "Neuroses" I shall review in their therapeutical relations Epilepsy, Tetanus, Chorea, Catalepsy, Hysteria, Neuralgia, and certain local spasms.

And first, of

Epilepsy.

Under this term I speak solely of the idiopathic disease. All symptomatic and toxæmic convulsions, however epileptiform in appearance, must here be excluded, if we wish to avoid confusion. In this I follow all writers—Trousseau, Van der Kolk, Brown-Séquard, Russell Reynolds, Sieveking, and Radcliffe—who have lately written upon the disease. To supplement these works on the therapeutical side, Homœopathy has many recorded cases of relief and cure, most of which are contained in a paper of Dr. Baertl's, which you will find translated in vol. xxii of the 'Brit. Journ. of Hom.' You should also read the two lectures on Epilepsy in Dr. Rutherford Russell's 'Clinical Lectures.'

The result of old-school experience in the treatment of epilepsy appears to be that, while occasional benefit is to be obtained from "metallic tonics"

and "sedatives," especially Zinc and Belladonna, the only medicine which has displayed really curative properties is the Bromide of Potassium. I should be sorry to acquiesce in this conclusion. If you will study the elaborate account of the action, physiological and therapeutical, of this medicine given by Dr. Bazire in his translation of Trousseau's 'Clinical Lectures,' I think you will agree with me that its action is simply *antipathic*. By deadening the sensibility of the nervous centres it diminishes the frequency or even prevents the occurrence of the epileptic paroxysms. But its use must be continued indefinitely. It "keeps down" the disease, but does not cure it. Its omission is nearly always followed by a recurrence of the symptoms. Although, therefore, I am loath to shut out a remedy so potent to give temporary relief, I must ask you to look farther with me for medicines truly curative.

The poisons capable of causing true epileptic attacks are—in acute poisoning, Hydrocyanic acid and the three Umbelliferæ, *Ceanothe crocata*, *Cicuta virosa*, and *Æthusa cynapium* : in chronic poisoning, Lead and perhaps Arsenic. The medicines which have in a fair number of instances proved curative of genuine epilepsy are, in the first rank, Belladonna, Calcarea, Cuprum, and Ignatia ; in the second, Arsenicum, Artemisia, Cicuta, Opium, and *Zizia aurea*.

On the basis of these facts let me endeavour to sketch to you the Homœopathic treatment of epilepsy.

First, as to the fit itself,—can we do anything to

ward it off, when the occurrence of premonitory symptoms gives us time and opportunity? If we can, I think it must be by *Glonoine*. You will remember the reasons I assigned, when treating of that drug,* for supposing it to act immediately upon the medulla oblongata, and thence on the vagus and the vaso-motor nerves of the brain. It thus occupies the same ground and traverses the same path as the epileptic *nisus*, and I look with some hope to its manifesting a power of controlling the morbid action. I have hitherto, however, had no opportunity of testing its effects in practice.

The treatment we adopt in the interval of the paroxysms, with the view of preventing their recurrence, will be somewhat modified according as the disease is recent or of long standing. For epilepsy of recent origin we have two very valuable remedies, which are of little or no power in confirmed cases. These are *Ignatia* and *Hydrocyanic acid*.

Ignatia is so valuable on account of the frequent origin of epilepsy in emotional disturbance. There is little to be added to Hahnemann's dicta on the subject. "Epileptic fits which only break out after chagrin or grief about a moral wrong (and never appear from any other cause) may be prevented by *Ignatia*, but it is very improbable that epileptic fits of a different kind may be, or ever have been cured by that drug." And again "A first attack of epilepsy, brought on by some contrary event * * may be, in most cases, permanently cured by one small dose of the tincture of *Ignatia*

* 'Pharmacodynamics,' p. 289.

(I know this from experience). But it is different as regards chronic epileptic fits; these can no more than other chronic diseases be permanently relieved by Ignatia." Several cases in Dr. Baerdt's paper illustrate the curative action of this medicine.

The relation of Hydrocyanic acid to epilepsy was argued out by Dr. Madden and myself in a paper on this substance published in the 20th volume of the 'British Journal of Homœopathy.' The reality of the resemblance between poisoning by Prussic acid and the epileptic paroxysm (though affirmed, besides ourselves, by Christison, Pereira, and Taylor) has been questioned by Dr. Russell. I have carefully weighed his objections to our views, but see no reason whatever to modify them. Beyond an expression of opinion, his only arguments against our interpretation of the "model case" of poisoning we cite are the following. 1st. "Let us observe that the convulsions did not occur at all till after the bloating of the face and the insensibility of the pupils demonstrated that narcosis or poisoning of the brain with venous blood, had already taken place." To estimate the force of this objection we will set beside it two of the propositions in which Dr. Russell Reynolds embodies the modern doctrine of epilepsy. "The arrest of breathing" (which is a phenomenon of the first stage of the epileptic paroxysm, and which occurs also in poisoning by the acid) "leads to the special convulsions of asphyxia, and the amount of these is in direct proportion to the perfection and continuance of the asphyxia. The subsequent phenomena are those of poisoned blood, *i. e.* of blood poisoned by the re-

tention of carbonic acid, and altered by the absence of a due amount of oxygen." Dr. Russell's other objection is "We miss entirely the *early* dilatation of the pupil before the establishment of unconsciousness, which is one of the pathognomonic symptoms of the malady." It is sufficient to reply that there is no statement that the pupil was *not* dilated from the first. It only appears from the narrative that as soon as it was examined it was found in this condition.

I have no doubt, then, of the homœopathicity of Hydrocyanic acid to epilepsy. Its curative power is another question. Dr. Russell has indeed hit upon a fatal defect in this medicine when he points out the evanescent character of its action. Nevertheless I think that in epilepsy of recent origin, whose exciting cause is not such as to call for Ignatia, this medicine, from the 2nd to the 4th dec. dilution, will give you every satisfaction.

In epilepsy of some standing, the leading remedies in the hands of Homœopaths are *Belladonna*, *Calcarea*, and *Cuprum*.

Belladonna still holds in our affections that highest place which it once occupied in the old school until dethroned by Bromide of Potassium. When you have refreshed your memory as to Trousseau's observations, read the cases collected by Baertl and those recorded by Dr. Russell. No doubt will remain but that *Belladonna* has radically cured many a genuine case of epilepsy. I have argued in my letter to you on this drug, and more fully in my "Cases of poisoning by *Belladonna*, with Commentaries" in the 20th vol. of the 'Brit. Journ. of

Hom.,' that it modifies epilepsy (as it does laryngismus stridulus, whooping-cough, and hydrophobia) in virtue of its tissue-irritant action on the medulla oblongata. This centre is pretty uniformly found to be hyperæmic in the autopsy of epileptics. In Dr. Russell's very satisfactory cases the drug was given in the 2nd dilution.

That Calcarea has proved hardly less useful than Belladonna appears from the cases in Dr. Baertl's paper. It is of course especially indicated when the constitutional condition is one for which this great modifier of nutrition is suitable. But it seems often to have acted well when no symptoms of this kind were present.

In the use of Cuprum we again occupy the same ground with our alloëopathic brethren. Many cures by it are detailed by Baertl; and Dr. Bayes has lately borne testimony to its especial value. It has usually been given in the potencies above the third.

If you are to benefit epilepsy by Homœopathic means, it will probably be with one or other of these medicines. A word before concluding, however, upon certain minor medicines which may in exceptional cases become serviceable.

Arsenicum has unquestionably, though rarely, both caused and cured epilepsy: and may be given with advantage when the paroxysms occur periodically, and when the constitutional condition is such as to indicate this remedy.

Artemisia has occasionally benefited and even cured the "petit mal" in children.

Cicuta is credited with some cures. Predomi-

nance of the tonic contraction over the clonic convulsions would indicate this remedy.

Opium is said, and with fair probability, to have cured cases where the fits recurred only in sleep.

Zizia aurea (see Hale's 'New Remedies,' 2nd Ed.) acts as a poison much like *Æthusa* and *Cicuta*. It has cured (3rd dec. dil.) in Dr. Marcy's hands two genuine cases of epilepsy of some standing.

Of *Ananthe crocata*, *Æthusa Cynapium*, and *Plumbum*, though more or less Homœopathic to epilepsy, we have no recorded experience.

Shall I add *Strychnia* to this list? Dr. Walter Tyrrell, of Great Malvern, has lately been publishing in the 'Medical Times and Gazette' a series of cases of epilepsy, in which the curative effects of this drug were not a little remarkable. He thinks that "its value lies in the effect it has in deadening that condition of exalted sensibility and activity of the medulla oblongata, which most recent authors consider to be the predisposing cause of the disease." If it does this, it must be by Homœopathic action, for its physiological effect is obviously increased excitability of the cord and its intra-cranial prolongations. Mr. Tyrrell's success, as reported by himself, is something marvellous; and the subject may repay investigation.

The second of the neuroses on our list is

Tetanus.

This malady is (happily) too rare to come fre-

quently under our treatment, and is indeed seldom encountered save in hospital practice. Our results in this sphere have not hitherto been of a brilliant character, if we may judge from the following statement, which I take from the 'British Journal of Homœopathy,' vol. xii, p. 444. "On examining the reports of the Homœopathic hospitals of Vienna, Linz, Kremsier, and Nechanitz, from 1832 to 1848, we find that ten cases of tetanus were received, and that of these six died, and only four recovered; one at least of the latter not being a case of traumatic tetanus."

Nevertheless, we should not undertake with hopelessness the treatment of a case of this disease. We have three potent medicines which are thoroughly homœopathic to it, and which have already displayed considerable control over its progress. These are *Strychnia*, *Aconite*, and *Hydrocyanic acid*.

The homœopathicity of *Strychnia* to tetanus needs no demonstration. It is one of those facts which go to prove the fundamental character of the law of similars, since we see Nature herself making provision for its application. Curiously enough, however, the only use of *Strychnia* in tetanus hitherto has been in alloëopathic hands. In the 'New York Journal of Medicine and Surgery' for Nov. 1846 will be found seven cases of traumatic tetanus cured by this medicine; so writes Hempel. It is scarcely singular that the practice should not have been followed up in the old school: but I hope to hear some day of its successful reappearance in our own.

That *Aconite* can cause tetanus is less generally

known, but the references to cases of poisoning which I will give in a note will set the fact beyond a doubt.* If now you will look through the recent volumes of Braithwaite's 'Retrospect,' you will find seven cases of traumatic tetanus in which Aconite was the main remedy ; and six of these recovered. The remedy would be most applicable when exposure to cold and wet formed some part at least of the exciting cause of the disease. In the purely idiopathic tetanus it is rarely a question of life or death ; but I should expect from Aconite a decided abatement of the duration of the symptoms.

The homœopathicity of Hydrocyanic acid to tetanus was pointed out by Dr. Madden and myself in our article on the poison in the 20th vol. of the 'British Journal.' In the 24th vol. Dr. George Moore records a case of the traumatic form of the disease successfully treated by drop doses of Scheele's preparation of this acid. It will not do to lay too much stress on this one case, for the patient might have recovered spontaneously. Still, during the first forty-eight hours of the treatment, which was commenced with Aconite and Belladonna, the spasms were more numerous and violent, and the patient much more prostrate. Improvement commenced the night after beginning the acid.

Whether, in addition to these specific medicines, any "auxiliaries" should be used in the treatment of this terrible disease, is a fair question. The application of ice along the spine, and the division

* 'Brit. Med. Journ.,' Dec. 1, 1860 ; 'Lancet,' Oct. 6, 1860 (two cases). 'Hahn. Mat. Med.,' Sympt. 664 ; "Fleming on Aconite" (two cases).

of the nerve-trunk leading to any wound that may be present, seem eminently rational procedures. Homœopathy has nothing to say against them.

I have only to add that the sources of the experience mentioned above render it necessary that, if we would emulate its success, we should eschew infinitesimal doses of whichever of these medicines we select.

LETTER XVII.

DISEASES OF THE NERVOUS SYSTEM (*continued*).

Chorea

is the first disorder which comes before us in the present letter. I restrict the term here to the typical S. Vitus's dance, leaving the numerous "choreiform" neuroses for later consideration.

There is not much Homœopathic experience on record as to the treatment of chorea. What little we had up to 1834 is collected by Jahr in his treatise on 'Nervous and Mental Diseases,' of which there is an English translation by Dr. Galloway. Combining with the materials furnished by him a few later facts, pathogenetic and clinical, and taking into account the most recent observations of the symptoms and pathology of the disease, I venture to present the following as a fair account of the Homœopathic treatment of chorea.

For therapeutical purposes, at any rate, I think we may speak of three varieties of chorea. The first is that induced by a definite exciting cause, whether mental or material, as a fright or the presence of worms. In the second, the chorea seems to be an expression on the part of the nervous system of a general diathesis or constitutional condition—as chlorosis, rheumatism, or tubercle. The

third form, in our ignorance, we must class as idiopathic.

1. There seems no doubt that chorea, like epilepsy, may arise from a sudden and profound emotional impression, such as fright. Prof. Trousseau records two well-marked instances of the kind. In these cases we should expect the same benefit from *Ignatia* as in recent epilepsy thus caused; and the pathogenesis fully favours the expectation. Like epilepsy, again, chorea may be a symptom of the presence of worms in the intestinal canal. When I come to speak of the treatment of helminthiasis, I shall refer to a very pretty case in which severe chorea subsided on the expulsion of ascarides consequent upon the administration of *Cina*. This will generally be the appropriate medicine where worms are suspected to lie at the bottom of the symptoms. Another which may fairly be named here is *Spigelia*, whose relation to rheumatism strengthens the indication for its use in chorea.

2. Iron is deservedly a favourite remedy in the old school for chorea: and the frequent co-existence of chlorosis and anæmia with this disorder explains its efficacy. In such cases, Homœopathy has nothing better to suggest; and you had better give *Ferrum redactum* as if you had a simple case of anæmia before you. On the other hand, Trousseau's statement that chorea is not uncommonly an expression of the tubercular diathesis leads me to call attention to the place of *Iodine* in its treatment. Something very like the twitchings of chorea appears among the phenomena of iodism: and from my observation of the action of this precious medicine

on the nervous system in general I should look for good results from it in cases of this kind.

But by far the most important diathetic relationship of chorea is that which it bears to rheumatism. Wherever you can trace this relationship, I advise you to depend upon *Actæa racemosa* in its treatment. The cases recorded in the second edition of Dr. Hale's 'New Remedies' will encourage you in this course: and will also, I think, lead you to give it in not less than drop doses of the mother-tincture.

3. In the treatment of idiopathic chorea we are in much the same plight as our allœopathic brethren; we have so many remedies that we question whether any of them really cure, or whether the disease does not get well of itself. The *Arsenic* and *Zinc* so much relied on in the old school we also use, adding *Cuprum*. We have also the group of vegetable neurotics, *Belladonna*, *Hyoscyamus*, and *Stramonium*; and *Agaricus*. The last named has perhaps been credited with most cures in our school: and its recent proving by Prof. Zlatarowich shows its perfect homœopathicity to the disorder. I myself once rapidly cured a case of long standing in an old man with drop doses of the mother-tincture of this drug. It had the peculiar feature that the twitchings of the arms ceased when he used them in his work of shoemaking. Mr. Clifton adds as another indication for *Agaricus* the ceasing of the convulsions during sleep ('Monthly Hom. Review,' July, 1868). While with this medicine and *Cuprum* we may combat the ordinary cases of the disorder, *Belladonna*, *Hyoscyamus*, and *Stramonium* will be

more suitable in nervous and delicate children ; Zincum where the nervous centres and general nutrition are much depressed : and Arsenicum in those graver forms of the disorder where even life is threatened.

I may add that there is nothing to prevent our availing ourselves of the advantages ascribed by Drs. Anstie and Radcliffe to the free use of fatty foods, including cod-liver oil, in this disease. Nor should we neglect the unquestionable benefit obtainable from properly regulated gymnastic exercises and cold bathing. The influence of *music*, moreover, when the rhythm is well-marked, is not to be despised.

Catalepsy

is so rare a disease, that there is little likelihood of the question of its best homœopathic treatment being brought before you. Nevertheless it is well to remind you of the perfect picture of its phenomena occasionally presented by susceptible persons under the influence of *Cannabis Indica*.

Dr. T. K. Chambers, in the capital essay on this disorder which he has contributed to Dr. Russell Reynolds' 'System of Medicine,' associates it more or less closely with Ecstasy and Somnambulism. The treatment of the former, when it is a disease at all,* is moral rather than medical. When,

* " It is usual to speak of all such experiences as morbid, and so to dispose of them. But I think that this does not quite dispose of them. Morbid they certainly are, if morbid means dependent upon abnormal and imperfect conditions of health. But it appears to

however, it manifests itself in bodily movements, it is worth inquiry whether the alleged connexion of the convulsive epidemics of the middle ages with the bite of the *Tarantula* has any foundation in fact. Dr. Nunez of Madrid has lately published a proving of this spider,—an estimate of which you will find in the ‘Brit. Journ. of Hom.,’ vol. xxii, p. 274. To somnambulism Dr. Chambers has given quite a new interest, by connecting it not alone with sleep-talking, but with nocturnal seminal emissions and incontinence of urine. These phenomena will come under consideration in their proper place. As to sleep-walking itself, Dr. Chambers’ opinion that it is a sign of “a slumber morbidly profound” may guide us to *Opium* as its best remedy. I need hardly say that the digestive functions, if disordered, should be attended to; and that light meals and sleeping with the head high are indispensable adjuncts to the treatment.

me far from certain that the most perfect condition of the organization is always the most favourable for the exercise of the highest powers of the soul. Exalted conditions of intellect and imagination are very frequent incidents of disease. When the body is trembling on the borders of illness, then the mind is oftentimes most active and most sensitive. And unless things hard to disbelieve be altogether false, that moment when disease has almost reached its consummation in death is, now and then, the moment when powers of preternatural intensity flash out from the soul. Therefore I think that in the mouths of those who are wise, ‘a morbid condition of mind’ should rather be used to mean a condition of mind indicating a morbid condition of body, than to pronounce any judgment upon the condition of the mind itself. By what name this condition should be described must be determined upon other and higher considerations.” (TAINSH. *Study of the Works of Alfred Tennyson.*)

Hysteria

is the next in order of our neuroses. Here, besides the all-important mental and moral treatment, we can do a good deal by medicine,—thus advancing a step beyond the old school, which, according to its latest expositor, knows “not one single drug which exerts any specific action on the disease.”* We have such a drug in our *Ignatia*. Its continued use, in varying dilutions, will almost certainly modify favourably that morbid impressionability—emotional, sensational, and reflex—in which so much of hysteria consists. With *Moschus*, moreover, we can sometimes arrest and always shorten the hysterical paroxysm. It should be given in the lowest dilutions of the tincture, as its odour has much to do with its rapid action. For hysterical aphonia, paralysis, and contractions we have generally to call in the aid of electricity, unless we are content to trust to time for their disappearance. Hysterical pains—as in the joints—will subside under *Ignatia*, or *Chamomilla*, aided if necessary by local anodynes. Hysterical vomiting is a very obstinate affection; but will sometimes yield to the ordinary remedies for vomiting, especially *Kreasote*.

An offset of Hysteria is Hyperæsthesia, or, more simply, Nervousness, to which very common affection Dr. Madden has lately devoted a capital article in the ‘Monthly Homœopathic Review.’ His remarks on the reality of the disease, and on the general principles of its psychical and physical

* Dr. Russell Reynolds, in ‘System of Medicine,’ vol. ii, p. 327.

treatment are worth your attentive consideration. He justly says "The means used and the medicines employed will vary in every case, and will embrace every known method of building up the general strength, of soothing the irritability of weakness, of toning the various organs which have become diseased, and of establishing healthy and health-giving habits of mind and body." Among the medicines most suitable for "nervousness" itself I may enumerate Agaricus, Chamomilla, Coffea, Hyoscyamus, Ignatia, Stramonium, and Thea,—to which the advocates of the "New Remedies" would have us add Cypripedium and Scutellaria, for which I refer you to Dr. Hale's book.

Neuralgia.

Of the Homœopathic treatment of this painful neurosis I am able to give you a most favourable account. You need resort to none of the painful local measures at present in vogue in the old school. Yet you need seldom fail to effect a rapid cure of the ordinary varieties of the disease, and even the intractable "tic-douloureux" will sometimes yield to your remedies. If you need further encouragement than my assertion affords, let me ask you to read the cases of Neuralgia recorded by Dr. Quin in the fourth, by Dr. Morgan in the thirteenth, and by myself in the twenty-second volume of the 'British Journal of Homœopathy.'

At the conclusion of the paper last named, I have mentioned the medicines found most useful in the treatment of neuralgia, and have endeavoured

to allot to each its distinctive sphere and kind of action. I shall follow this course at present with two medicines only; and shall speak of the remainder under the headings of the local varieties of the disease in which they have proved useful. The two I mean are Arsenicum and Belladonna,—remedies called for twenty times in Neuralgia where others are required once.

Arsenicum is one of the few drugs capable of causing true neuralgia. The nerve-pains it induces co-exist with anæsthesia in the sensory sphere, with paralysis and painful cramps in the motor: as well as with profound adynamia of the general system. It becomes thus a truly homœopathic remedy for the pure and simple form of neuralgia,—idiopathic, or traceable only to general debility, and unaccompanied by local hyperæmia. The pains most characteristic of it are agonising in degree, darting and burning in character; sometimes described as if red-hot needles were running through the affected nerves. They are accompanied with great restlessness and anguish; are generally increased (even though at first relieved) by the application of cold; and are worse at rest, and diminished during exercise. Periodic intermittence is an additional indication for this medicine: though, if it led to the discovery of a malarious origin, Quinine might sometimes be preferable.

Belladonna exerts a magical power over neuralgia of the fifth pair accompanied with marked local hyperæmia. I was for some time puzzled to account for this virtue of the drug: as there is no evidence to prove that it is capable of causing true neuralgia. I

could only set it down to its general power over active determination of blood to the head, face, and throat. But the late researches of Dr. Anstie* have thrown light on the problem. Referring to the numerous instances in which, besides congestive and inflammatory phenomena (as iritis and erysipelas), modifications of secretion and nutrition, of sensation and motion, take place in parts affected with neuralgia, he points to a lesion of the nervous centres as the most reasonable explanation of the phenomena. Grant that this lesion is—primarily at least—inflammation, and we have the explanation of the value of Belladonna in the treatment of such cases.

Let us now pass in review the local varieties of neuralgia with a view of seeing what has been or may be done for their treatment.

1. Neuralgiæ of the trigeminal nerve are the most frequent we are called upon to treat. Many of these affect its supra-orbital branch alone. Of “hemicrania” and “clavus hystericus,” ranked by Dr. Anstie as supra-orbital neuralgiæ, I have spoken when treating of Headache. The sympathetic neuralgia of gastric disorder generally attacks this nerve (some persons cannot swallow an ice without being attacked by it): it then finds its remedy in *Kali bichromicum*. “Brow-ague,” again, is a supra-orbital neuralgia: and when truly malarious finds its best remedy in *Quinine*, which

* See his “Lettsomian Lectures” in the ‘Lancet’ for 1866, and his article on “Neuralgia” in the ‘System of Medicine,’ vol. ii.

need not be given in large doses to cure.* In cases falling under none of these headings, you will do well to bethink yourself, unless *Arsenicum* or *Belladonna* be indicated, of *Chelidonium*,† which indeed its prover, Dr. Buchmann, extols as sovereign for most superficial neuralgiæ.

Neuralgia of the superior and inferior maxillary branches of the fifth (often including the ophthalmic also) is met with under two forms: the one recent and readily curable; the other chronic, and very intractable.

a. Acute prosopalgia (as from exposure to cold), and acute paroxysms of recurring prosopalgia (with hyperæmia), are readily controlled by *Aconite*. The first case in Dr. Morgan's series well illustrates this. In sub-acute cases, even of some standing, where in each attack of pain the face flushes up (especially, sometimes only, on the side affected), the cheeks being hot and the eyes red and watering, *Belladonna* will give you the utmost satisfaction. My own cases concur with Dr. Morgan's in bearing out this statement.

b. Of the true tic-douloureux, the "epileptiform neuralgia" of Trousseau, there seems a general assent to his statement that it is never radically cured. We can happily speak otherwise. Several of the cases recorded by Dr. Quin were unmistakably of this nature,—in the first the neuralgia had actually superseded epilepsy: and all these were cases of some standing. *Arsenicum*, in high dilu-

* See a case of my own in 'Brit. Journ. of Hom.,' vol. xxvi, p. 131.

† See *Ibid.*, vol. xx, p. 47.

tions, was the chief remedy in all, though it was powerfully re-inforced in most of them by *Belladonna*. The cases are too long to cite: but their attentive perusal will well repay you. None of the cases in Dr. Morgan's paper or my own were of this severity; but I have now a case under treatment in which very great amelioration has already been effected by the steady use of *Arsenicum*, in the medium and higher potencies.

2. Intercostal neuralgia must be distinguished from myalgia on the one hand, and from the inframammary pain symptomatic of ovario-uterine disturbance on the other. For the former *Arnica*, for the latter *Actæa racemosa* will generally be found the best remedy. In the true neuralgia of this region *Ranunculus bulbosus* often acts very satisfactorily:* but if much debility be present (as in Case I of my series) *Arsenicum* will be sovereign here as elsewhere.

I wish I could speak as favourably of the treatment of that form of this neuralgia which in aged persons is so frequently the legacy of shingles. This is one of the most rebellious neuroses I know of.

3. The last local variety of neuralgia of which I shall speak is sciatica. There are two principal forms under which this malady is encountered,—the pure and the rheumatic. For pure sciatica I always rely upon *Arsenicum*. Case xxviii in my collection is a capital instance of its virtue. Here sciatica of eleven months' standing, yielded,

* My friend Mr. Kyngdon tells me he has found this medicine effective in brachial neuralgia also.

after the failure of Colocynth, to one day's administration of Arsenicum 30. I may mention that this man died about two years later of cardiac disease, but had had no return of his neuralgia. Rheumatic sciatica, when recent and inflammatory, yields readily to *Aconite*, which I have always given in such cases in the 1st dec. dilution. In chronic cases, *Rhus* will rarely fail to relieve (see my 30th case).

The various visceral neuralgiæ will come under our notice in their proper place.

Local Spasms.

Under this heading I purpose speaking of several forms of involuntary muscular contraction, tonic and clonic, which, although local, will not come under consideration among the disorders of particular organs.

The most common of these are the well-known "cramps" of the calves. Seen at their highest intensity in cholera, they are symptomatic of other forms of intestinal irritation, or may result merely from fatigue. In the latter case *Arnica* is the medicine. In the former, the *Cuprum* which is so valuable for the cramps of cholera may occasionally be indicated, but I have generally found *Nuxvomica* as curative as it is homœopathic.

A more general and continued form of cramp of the extremities has been described by Prof. Trousseau under the name of "tetany." The kind of contractions here present, and the numbness, tingling, and formication with which they begin, forcibly

remind us of the pathogenetic effects of two medicines, *Aconite* and *Secale*. The facts which lead Trousseau to consider the affection of a rheumatic nature, the occasional presence of febrile symptoms, and the benefit observed from bloodletting, all point to *Aconite* as the most important remedy. That "tetany" occurs so frequently among nursing or pregnant women confirms the indications for *Secale*, and would lead us to choose it for such patients when no decided *Aconite* symptoms were present.

In the facial muscles we meet with clonic spasm in the complaint known as "tic non-douloureux," or "histrionic spasm of the face." This is a kind of local chorea. I can only suggest *Hyoscyamus* for its treatment, which may be curative in young people. In adults it is a very intractable malady.

"Trismus" is the tonic spasm of the masticatory muscles. Excluding its appearance as a part of tetanus, it arises either from rheumatic causes, when *Aconite* will help; or as a symptom of hysteria, when the indications for *Ignatia* will be plain.

"Torticollis," in its genuine spasmodic form, is as yet unknown to our therapeutics. I suspect that it is nearly always of central origin, and should be disposed to try the continued use of such medicines as *Nux vomica*, *Belladonna*, and *Mercurius*.

"Writer's cramp" is the last of these local spasms that I shall specify. It is included by Dr. Russell Reynolds with the disorders pathologically similar to it in the following definition, "A chronic disease, characterised by the occurrence of spasm when the attempt is made to execute a special and

complicated movement, the result of previous education; such spasm not following muscular actions of the affected part when the special movement is not required." Of this disorder also we have no experience. Dr. Reynolds knows of no help for it save perfect rest: and I can only suggest the administration of Arnica as a possible auxiliary, if the symptoms are traceable to over-exertion. This, however, is by no means always the case.

LETTER XVIII.

DISEASES OF THE EYE.

WE begin to-day the consideration of the diseases of the eye. The outline I shall give you of the Homœopathic treatment of these maladies may be filled up from two sources. The first is an admirable series of papers on the various forms of "Ophthalmia" by my friend Dr. Dudgeon, which you will find in vols. vi and vii of the 'British Journal of Homœopathy.' The second is a "Treatise on Diseases of the Eyes" by Dr. Peters, founded on Rückert's collection of cases. This includes the non-inflammatory affections of the eye—cataract, &c.—and also the morbid states of the ocular appendages. The sections on eye diseases in Laurie and in Marcy and Hunt are very unsatisfactory,—the latter especially quite failing to convey a due estimate of the value of Homœopathic treatment in these cases.

I shall commence with the appendages of the eye. And first, of the lids.

Inflammation of the Eyelids,

when acute, requires different remedies according to its precise seat. Thus, when it affects the skin and cellular tissue outside the lid (blepharitis), it is of

an erysipelatous character, and demands the remedies for that disorder—*Belladonna*, *Rhus*, or *Apis*—according to the indications I shall give when treating of erysipelas itself. When it is seated at the edges of the lids (ophthalmia tarsi), its best remedy is *Hepar Sulphuris*. When it invades the lining mucous membrane (conjunctivitis palpebrarum), it yields to the remedies for catarrhal ophthalmia, *Euphrasia* or *Sulphur*. A peculiar form of inflammation of the lids is “stye.” The exact seat of this troublesome little phenomenon is dubious: but there is no doubt that its progress may generally be arrested by a few doses of *Pulsatilla*. Should there be a disposition to recurrence, *Sulphur* will check it almost as effectually as it does with boils.

Inflammation of the lids most frequently comes before us in its chronic form,—causing, if at the edges, lippitudo, if inside, granular lids and vascular cornea. The former is still best treated with *Hepar*, aided, if necessary, by *Mercurius*. The latter often repays the persistent use of one of the three great remedies for chronic mucous inflammations, *Arsenic*, *Mercurius Corrosivus*, and *Kali Bichromicum*. I am not sure, however, that we have not in *Argentum Nitricum* a better remedy here than any of them. I do not mean locally applied: but given internally. The specific irritant influence of this medicine on the conjunctiva is so strikingly displayed in Dr. Müller’s beautiful proving, that it seems very likely that even when applied locally it acts as a dynamic and Homœopathic agent; and a wide field of use-

fulness seems open to it when given in our usual way.

Not, however, that I would exclude local applications in these chronic cases, so long as they are used mildly and unfrequently. It is true Homœopathy, though of the crudest sort, to treat chronic inflammation with local irritants, as the Nitrate of Silver and Sulphates of Zinc and Copper commonly applied in these cases. I only ask you to try internal remedies thoroughly first before you resort to this more unsafe and questionable proceeding.

Spasmodic and Paralytic Affections of the Eyelids,

causing the phenomena known as ectropium, entropium, lagophthalmos, blepharospasm, and ptosis, must be carefully traced to their causes if we desire to treat them successfully. I can only say here that in apparently idiopathic paralysis of either the orbicularis or levator palpebræ superioris muscle, the medicines worthy of trial are *Phosphorus*,* *Gelseminum*, and *Conium*.

Tarsal Tumours

have disappeared under the action of high dilutions of *Calcarea Carbonica*. (See 'Annals,' vol. i, p. 272.)

Before leaving the eyelids I would mention that that troublesome quivering sometimes felt in them,

* See Dr. Gallavardin's observations in 'Brit. Journ. of Hom.,' vol. xx.

and vulgarly described as "live blood," is greatly under the control of *Pulsatilla*. I would now say a word or two about the diseases of the lachrymal apparatus.

Inflammation of the lachrymal sac

was once rapidly cured, in Dr. Dudgeon's hands, by *Silicea* 6 ('Brit. Journ. of Hom.,' vol. xiii, p. 135): and I have myself had a very similar case.

Fistula Lachrymalis

is also reported to have been cured by the same medicine: in other cases by *Calcarea*, *Fluoric acid*, and *Causticum*.

With these few hints upon the treatment of the diseases of the ocular appendages I pass to the consideration of the affections of the conjunctiva,—the ophthalmiæ proper.

Conjunctivitis simplex,

catarrhal ophthalmia, the common "cold in the eye," yields readily to Homœopathic treatment without the need of any local application. A few doses of *Euphrasia* will generally effect the cure: but if the patient be of unhealthy constitution, a dose of *Sulphur* should initiate and may conclude the treatment.*

* The following are Dr. Dudgeon's more detailed instructions. "When the affection is recent, and the symptoms are, dry itching or smarting sensation in the eyes and lids; feeling as if something had got into the eye; frequent winking, and occasional discharge of

It is in the chronic form that we are most frequently called upon to treat this affection. The remedies I have recommended for chronic blepharophthalmia come into play here also. *Arsenicum*, however, is *facile princeps* among them: and I would hardly advise you to try any other until you have given this great medicine a full opportunity of doing good. Here, too, you must remember that in unhealthy constitutions (even though we have not actually strumous ophthalmia before us) an occasional dose of *Sulphur* is indispensable in the treatment.

Leaving now the simple conjunctivitis, we come

tears, the conjunctiva being partially or uniformly injected; little or no mucus secreted; the conjunctiva of the lids being comparatively redder than that of the ball; a dose or two of *Sulphur*, in almost any dilution, usually suffices to effect a rapid cure. When, in the commencement of the disease, there is great dry burning feeling, with frontal headache, and symptoms of congestion of the head, *Belladonna*, preceded or not by *Aconite*, will often be found of use. If the flow of tears is considerable, and even of an acrid character, with corresponding watery discharge from the nose, sneezing, and other indications of coryza, *Euphrasia* is the remedy indicated. Where, along with copious flow of tears, there is much smarting and burning pain, the tears being particularly acrid and corrosive, or if there is chemosis or œdematous condition of the lids, *Arsenicum* will be found useful. If at the outset of the disease there is considerable mucous discharge, *Chamomilla* should be borne in mind. Where the mucous secretion is excessive, the injection considerable, and the caruncula particularly inflamed and enlarged, *Argentum Nitricum* will, I imagine, prove specific. When the meibomian glands seem much affected, and the edges of the lids red and swollen, the secretion forming during sleep yellow crusts on the ciliæ, *Mercurius solubilis* or *Hepar Sulphuris* will be given with advantage. When the evening exacerbations, which are usually present, are very well-marked, *Pulsatilla* will be found useful."

to its purulent form, of which we have three varieties, the ophthalmia neonatorum, gonorrhœal ophthalmia, and Egyptian or purulent ophthalmia.

Ophthalmia neonatorum

is a disease commonly dreaded as much for the severe local measures it is thought necessary to use as for the seriousness of its own symptoms and consequences. I am happy to tell you that beyond the observance of simple cleanliness, you need do nothing whatever to the eyes of babies thus affected. Give them a dose of *Argentum nitricum* 3 every few hours, and you will find the inflammation rapidly subside, without leaving any traces of its presence. Dr. Dudgeon, who taught us this practice, considers the local use of the same medicine justifiable if necessary. I have myself been as well able to do without this as without the Euphrasia, with which in my first trials I used to alternate the less familiar remedy.

Gonorrhœal ophthalmia

is so strictly local a disease (for I have no faith in the occurrence of metastasis), that if ever local treatment is to be relied upon in these maladies, it is here. Nevertheless, so close is the analogy between the ophthalmia neonatorum in its most common mode of causation—viz. from the contact of vitiated vaginal secretions—and the present disorder, that I should begin with the internal administration of *Argentum nitricum* alone, though in a

lower potency. So rapidly does the mischief spread, however, that unless twenty-four hours saw it declining instead of advancing, I would advise you no longer to delay the local application of this drug. You may use it in the solid stick, in a strong solution, or in Guthrie's ointment (gr. x to ʒj of lard). In so acting, you may comfort yourself with the admission of Watson. "Mr. Guthrie," he says, "considers this to be a local disease of a peculiar character; and, acting upon the aphorism of John Hunter (an aphorism, however, which requires some qualification), that two diseases or actions cannot go on in a part at the same time, he proposes to set up in the inflamed conjunctiva a new action which shall supersede the original disease, and create another that is more manageable. In this point of view *Mr. Guthrie's ratio medendi agrees with that of Hahnemann*, about which there has been so absurd a noise made of late years."*

You will see that I have had no personal experience with gonorrhœal ophthalmia. There are two cases of it in Peters' 'Treatise':—the one is said to have been cured by China, the other by Nitric Acid.

Purulent ophthalmia

is another disease of which I can speak only from the experience of others. Dr. Peters states that he and his colleague "treated over forty cases of puru-

* Dr. Dudgeon, indeed, considers that, even when locally applied, *Argentum Nitricum* acts specifically; and that no mere irritant without affinity for the inflamed tissue would have the same effect.

lent ophthalmia in children, at the Home for the Friendless, without the loss of a single eye, although three or four cases proved exceedingly intractable.” Local applications were employed: but I suppose the unusual success must be ascribed to the internal medication, which consisted in most cases of *Hepar Sulphuris*, 1st to 3rd trit., night and morning, and *Rhus*, 1st to 3rd dil., every two to eight hours, according to the severity of the symptoms. I know of no other records of the Homœopathic treatment of this malady.

I need hardly say that in all forms of purulent conjunctivitis the removing of all collections of matter and the prevention of its reaccumulation by frequent ablution is attended to by Homœopathic as well as by Allœopathic practitioners.

Diphtheritic conjunctivitis

is so rarely seen save in Germany that you are hardly likely to have to treat it. This is fortunate, as I know of no extant Homœopathic experience to help you. For myself, I should be disposed to rely (with M. Giraldes) on the general and topical employment of *Kali Chloricum*.

LETTER XIX.

DISEASES OF THE EYE (*continued*).

BEFORE passing from the affections of the conjunctiva to those of the deeper tissues of the eye, I shall consider the four great diathetic ophthalmiæ known as the scrofulous, rheumatic, gouty, and syphilitic respectively. Involving, as some of these do, more tissues than one, they occupy a middle place between the maladies we have already considered and those which have yet to come before us.

Strumous ophthalmia

is one of the most annoying diseases we are called upon to treat—the frequent relapses causing repeated disappointments. Nevertheless, the treatment I shall sketch out for you is sure ultimately to succeed: though whether it contrasts favourably or not with that of the prevalent school I am unable to say. It is at any rate pleasanter.

You must first take into account the constitution of your patient, and give him accordingly, besides attending to his general health, a course of *Sulphur* or *Calcareæ*. This I regard as indispensable in all cases. Sulphur is most suitable when the ophthalmia is the only sign of scrofulous taint; or when

the latter shows itself chiefly in unhealthiness of the skin. Calcareo is better when the diathesis is strongly marked, especially by enlargements of the lymphatic glands. A course of one or both of these medicines, with the occasional aid of the shorter-acting remedies for inflammation and photophobia, will sometimes be sufficient to effect a cure.*

In most cases, however, the aid of the remedies for chronic inflammation will be required. I speak especially of *Mercurius Corrosivus*, *Kali Bichromicum*, and *Argentum Nitricum*. The first is by far the most important. If you will read the cases detailed by Dr. Böcker, in the 'Brit. Journ. of Hom.,' vol. iii, and those by Dr. Kidd in vol. xxii of the same journal, you will be satisfied of its extreme value in this disease, at any rate in the lowest potencies. Its only rival is *Hepar Sulphuris*. Numerous cases illustrating the action of this medicine will be found in Peters' 'Treatise':—it is one in which I myself have great confidence, when numerous and repeated ulcers form.

There are two somewhat exceptional medicines now to be mentioned, which often play an important part in the treatment of strumous ophthalmia. There are certain forms occasionally assumed by this disease which have led some pathologists to set it down as an eruptive disorder, and others to class it among the neuroses. When the former seem right,—when the ophthalmia appears but a part of a general eczema of the face, then *Rhus*, after a dose of Sulphur, will prove the best medicine.

* A case of this kind, by Dr. Guinness, may be read in the 'Brit. Journ. of Hom.,' vol. v, p. 21.

When on the other hand the inflammation seems too fugacious to be real, and the nervous element in the case is predominant, *Arsenicum* will do what no other medicine can. You will find ample illustrations of these statements in the cases furnished by Drs. Dudgeon and Peters.

In whatever way you are treating strumous ophthalmia, you will find it useful to use intercurrent remedies to check inflammatory exacerbations and to relieve photophobia. For the former purpose *Belladonna* or *Euphrasia* is useful; for the latter *Conium* in almost any dilution seems very efficacious.

Rheumatic ophthalmia

at once brings us into a new region. We have got to the deeper tissues of the eye; and we require a somewhat different set of medicines to combat the symptoms.

By "rheumatic ophthalmia" I understand a painful inflammation of the eye, arising either idiopathically in a rheumatic subject, or from exposure of the eye itself to the causes of rheumatism. Such an inflammation may affect the sclerotica primarily, with but slight involvement of the iris, and none of the conjunctiva (rheumatic scleritis); or it may be from the first nearly confined to the iris (rheumatic iritis); or it may include both the conjunctiva and the membranes—sclerotica and cornea—covered by it.

In rheumatic scleritis we have two grand remedies in *Aconite* and *Spigelia*. *Aconite* acts here so

well, not only because the constitution sympathises with the local mischief, but because the sclerotica is one of the few tissues which it has the pathogenetic power of inflaming. I advise you to depend upon it at first alone; but if, when its action seems exhausted, farther help is required, I think you will get it from Spigelia. Lest, however, this medicine should leave you in the lurch, I will refer you to two cases lately reported by Dr. Dudgeon ('Brit. Journ. of Hom.,' vol. xxii, p. 355), in which, after the failure of several remedies, *Euphrasia* displayed curative powers of a very striking nature.

If rheumatic ophthalmia consists mainly in iritis, it will be little responsive to Aconite, and will require the medicines which act specifically on that tissue. Of these I will speak more particularly under the head of syphilitic ophthalmia. At present I will only cite a case from Peters which shows that the chief of these medicines—*Mercurius*—is as useful here as there.

"A healthy, blooming girl, æt. 19, had suffered with her eyes for twelve days. Both eyes had been attacked simultaneously, but the right one had improved rapidly, so that the pupil was only a little too widely dilated and the iris too little sensitive to light. The sight was gone, however, in the left eye.

"The sclerotica was inflamed, as was evident from the peculiar redness around the cornea and beneath the conjunctiva. The centre of the cornea was transparent and free from ulceration, but its circumference was dim and greyish like ground glass; *the pupil was contracted, irregular, and immovable; the colour of the iris was greenish, the*

pupillary edge was swollen, and there was a delicate gray exudation of lymph within the circumference of the pupil; there was also a small deposit of yellow pus at the bottom of the anterior chamber. Daylight could be distinguished from darkness with the diseased eye, but everything seemed changed into a gray mist; there was no intolerance of light, some lachrymation, no great pain by day, but violent, rending, tearing pains set in in the eye and its neighbourhood, in the temples, forehead, and cheeks, every evening and night.

“One grain of *Mercurius Solubilis* 3 was given daily for two weeks. In a few days the pains had ceased, and there was only a slight redness about the cornea; but the eye was dim: still the pupil was clear, and no longer irregular; the iris blue and sensitive; the lymph and pus had disappeared, and sight was restored. A perfect cure soon followed.”

The catarrho-rheumatic ophthalmia is deservedly dreaded on account of its great tendency to involve the cornea and produce severe ulceration and supuration in that precious membrane. *Sulphur* (in the lower triturations) and *Kali bichromicum* promise most for the arrest of the inflammation in its earlier stages: but if corneal mischief has already occurred, I recommend you to rely upon *Hepar Sulphuris*. You may read in Peters’ ‘Treatise’ several cases in which onyx, hypopion, and prolapsus iridis were present, and in which this medicine (chiefly in the lowest potencies) acted most satisfactorily. If it needed any help, it might find it in *Euphrasia*. You will observe how, with the

involvement of the conjunctiva, we are falling back upon our old medicines.

Arthritic Ophthalmia

is rarely seen in this country as compared with Germany: but we Homœopaths make so much use of German literature that it is, theoretically at least, quite a familiar disease to us. From the cases recorded I gather the following as to its treatment. It generally sets in with very severe pains in the eyeball: and at this stage may be arrested by anti-neuralgic medicines like *Arsenicum*, *Colocynth*, and *Spigelia*. Dr. Anstie, indeed, believes that both this affection and rheumatic iritis are primarily neuralgiæ. When fully established, it requires either *Cocculus* or *Sulphur*, or both, for its cure, if this indeed be possible.

The "arthritic ophthalmia" in which these medicines have proved curative is primarily seated in the iris, but soon involves the other tissues of the eye, even to the lens. There is an arthritic iritis, pure and simple, described by Lawrence: whose remedies would probably be those of the idiopathic and rheumatic forms of the malady.

Syphilitic ophthalmia

means iritis, and nothing else: for the interstitial keratitis of the subjects of congenital syphilis will come under consideration hereafter.

The treatment of syphilitic iritis has undergone a great change since Watson wrote. Of the blood-

letting (with "active purgatives" and "the whole antiphlogistic regimen"), Mercury, and Belladonna regarded as indispensable in his day, the last only remains unquestioned in ours. The first is abandoned; and the use of Mercury is as vigorously opposed by some as it is still recommended by others. There seems no doubt but that iritis may get well without any mercurialization. On the other hand it is difficult to believe that so good an observer as Watson is mistaken when he writes thus "You may have bled your patient sufficiently, and purged him well, and yet, on looking into his eye, you perceive the mischief to be still going on, and the deposition of lymph increasing. But the instant that his gums and breath acknowledge the specific agency of Mercury upon his system, a welcome change becomes apparent: the red zone surrounding the cornea begins to fade; the drops of lymph to lessen; the iris to resume its proper tint; and the puckered and irregular pupil once more to approach to the perfect circle; till, at length, the eye is restored to its original integrity, and beauty, and usefulness." Mr. Haynes Walton, moreover, tells us that this curative effect of Mercury is almost always to be obtained short of salivation, which he justly regards as one of its poisonous effects. Put this together with the probability (to say the least) that Mercury can cause iritis, and with its curative power, already exemplified, in the rheumatic form of the malady, and I think we have reason for believing that we have a good Homœopathic remedy for syphilitic ophthalmia in *Mercurius*.

There is another medicine from which I have

seen very good results in syphilitic ophthalmia; and that is *Clematis*. Indeed, on recalling my own experience of the disease, I feel so satisfied with the action of this remedy that I should be disposed to trust to it alone for the future, holding *Mercurius* in reserve should it prove insufficient. But whatever medicine you are giving internally, let me advise you never to neglect the local use of *Atropia* to dilate the pupil. It is simply a mechanical proceeding. You want to hold the iris away from the capsule of the lens lest it should adhere there; and to prevent the contraction of the pupil, which may become permanent. To effect this by a mydriatic is surely open to no objection. We have Von Graefe's authority that the formation of adhesions is a far more potent cause of the recurrence of iritis than the presence of a constitutional taint: and that "the dangers of iritis in general have materially diminished since the introduction of a bold use of mydriatic remedies in the acute form." The little gelatine scales of Mr. Ernest Hart, saturated with a solution of Atropine, so that each contains the 100,000th of a grain, are infinitesimal enough to please us, and are thoroughly effective. One of these may be introduced into the eye daily or oftener according to the acuteness of the attack.

I recommend Atropine simply for its mydriatic effect. But since in all probability it produces this by stimulation of the sympathetic nerves of the part, it must also contract the blood-vessels, and in this way help to subdue the inflammation. From what I have seen, moreover, of the action of *Belladonna* given internally in traumatic iritis, I am dis-

posed to think that the medicine has a true specific control over inflammation of this tissue.

I would say in conclusion that I see no objection to another local application in these cases, which Watson states to be a piece of practice we owe to the Germans. It is "adapted to those cases in which severe pain is felt round and over the orbit of the eye at night. Ten grains of the strong mercurial ointment, intimately mixed with two grains of finely powdered Opium, and well rubbed into the temple a little while before the nocturnal pain is accustomed to recur, will in many cases completely prevent it."

LETTER XX.

DISEASES OF THE EYE (*continued*).

HAVING now considered the ophthalmiæ in general, I shall lead you through the several component elements of the visual organ, noting as we go any morbid conditions affecting them which have not as yet come within our ken.

Of the *conjunctiva* the only affection remaining for consideration is

Pterygium.

This, as I have mentioned in my ‘ Pharmacodynamics,’ I have more than once cured both in man and the lower animals, by *Ratanhia*, in the 2nd dilution. Dr. Carroll Dunham has contributed a case to the ‘ American Homœopathic Review ’ (vol. v, p. 71) in which a pterygium disappeared under *Zincum* 200. It is the “ pterygium crassum ” of which I speak.

The affections of the *cornea* which require our notice are its inflammations and its opacities.

Corneitis (Keratitis)

may be simple, scrofulous, or syphilitic. The medicines which pathogenesis and experience prove to act specifically on the membrane are *Apis*,

Euphrasia, *Hepar Sulphuris*, and *Mercurius Corrosivus*. It is pretty obvious that the two former are best adapted to simple inflammation of the cornea: the two latter to the strumous and syphilitic forms of the disease, especially when ulceration is present.

Corneal Opacities

may arise from interstitial deposit of lymph (nebula, albugo), or from the cicatrization of an ulcer (leucoma). The prognosis of the former is of course the more satisfactory of the two. If the continuance of the medicine under which the cure of the original disease took place be insufficient to remove this consequence of it,* the remedy may generally be found in *Calcarea*, *Cannabis*, or *Causticum*. Cases illustrating the action of these medicines may be found in Peters' 'Treatise.'

And now as to the *iris*. We have not done with

Iritis,

though we have discussed its rheumatic, arthritic, and syphilitic forms. There is yet a traumatic inflammation of this tissue; an idiopathic variety, arising from excessive use of the eye; and a scrofulous iritis. The only one of these three of whose treatment I have any knowledge is the first. In two well-marked cases which lately occurred in my

* Drutt says that Gooch used to cure opacities of the cornea, even of long standing, by full doses of corrosive sublimate. There are also some good cases of the same kind by our own Ozanne, in the 'Annals,' vol. iii.

practice the curative action of *Belladonna* 1, two drops every two hours, was exceedingly satisfactory.

Mydriasis

is said occasionally to occur idiopathically,—most commonly in connexion with ptosis, and from the same cause, viz. paresis of the third nerve. I should be disposed to try *Belladonna* in a high dilution if the mydriasis stood alone: if ptosis were present, its remedies—*Phosphorus*, *Conium*, and *Gelseminum*—would be more suitable.

The *choroid* is known pathologically only by its inflammation,

Choroiditis.

There is a case seemingly of this disease reported in the 'Brit. Journ. of Hom.' vol. xviii, p. 253 in which *Ipecacuanha* 12 proved curative. A more satisfactory example is the following from vol. xxii of the same Journal, p. 568.

"Mr. H. G—, of tuberculous constitution, was attacked with severe inflammation of the eyes, in consequence of continuously straining them by drawing at night. Burning, stabbing, and boring pains spread from the eyeball over the supra-orbital region to the head, and produced in their almost periodic returns nausea and retching. Great intolerance of light and a contracted pupil were combined with diminished powers of vision, and looking as if through a veil. Professor Ryber, by the use of the ophthalmoscope, diagnosed not only distinct

appearances of hyperæmia of the choroid, but likewise congestion of the ciliary veins. Dr. Altschul so entirely cured this condition by the administration of *Arsenic* of the 6th dilution, that the sight was restored so as to suffice for the most minute drawing."

In connexion with the *crystalline lens* and its capsule we have to consider that important disease,

Cataract.

You may be surprised at my including this disease in a treatise on Medicine, as it is ordinarily supposed to be amenable to surgical measures only. But it is difficult to see why it should be beyond the reach of medicines. Grant that in aged persons a hard lenticular cataract is merely, like ossified arteries, an evidence of senile decay. But this is one variety only of the disease. Capsular cataract is nearly always the result of inflammation, and corresponds pathologically with opacity of the cornea. Both capsular and lenticular cataracts have been known to form within a few days, or even in a single night. They have followed retrocedent gout, suppression of the menses, of cutaneous eruptions, and of habitual perspiration of the feet. Morbid conditions so characterised ought to be amenable to specific remedies: and Homœopathic literature already witnesses that such remedies are in existence.

A paper by Dr. Malan in the 5th vol. of the 'Brit. Journ. of Hom.,' and the section in Peters' 'Treatise,' contain all the cases of Homœopathic cure

or relief of cataract with which I am acquainted. Some of these are of dubious value: but even when they are eliminated, the power of *Sulphur*, *Silicea*, *Cannabis*, *Pulsatilla*, and *Calcareea* must remain unquestioned. *Silicea* has been most frequently successful: it should be especially thought of when suppressed perspiration of the feet seems to have been the exciting cause. Sulphur ranks next: its value is obviously best marked when the trouble dates from repercussion of a cutaneous eruption. *Cannabis*, and perhaps *Euphrasia*, would be suitable when the cataract was capsular,—the result of inflammatory action. Should we catch such a cataract in the act of formation, *i. e.* in the inflammatory stage, it seems probable from one of Peters' cases that *Belladonna* might be relied upon to disperse it. *Pulsatilla* was a reputed remedy for cataract in the hands of Störek. It acted very satisfactorily in one of Peters' cases where a chronic catarrhal ophthalmia calling for it was present: and would be specially indicated where suppression of the menses was the exciting cause. *Calcareea** would naturally be thought of in strumous subjects, as in the following case:

"A farmer, æt. 51, of small stature, and with light brown hair, had suffered for the last few weeks with impaired sight; the patient had formerly been troubled with scrofula.

"The patient sees with the right eye only those

* Mackenzie states that cataract is a common disease in all countries where wine is so cheap as to be the habitual beverage of the lower orders. Has this anything to do with the lime and flint so commonly found in natural wines?

objects which are above him, and with the left only those which are at his side, but in all other directions everything appears as dark as night to him. Partial opacities of the crystalline lenses were clearly observable; the one in the right occupied the larger, and that in the left the smaller half of the pupil.

“*Cannabis* 2, three drops daily in water for three weeks, was without benefit. *Calcarea* 3, six doses, at first one dose a day for two days, afterwards one dose every week; before the last dose had been taken, the patient had entirely recovered his sight.” (Peters, p. 224.)

There is a form of cataract known as “traumatic,” and it is said to have been occasionally cured by *Conium*. A case of this kind has recently been put on record by my friend Dr. Bayes (‘Monthly Hom. Review,’ August, 1867). It must be remembered, however, that the pathology of this affection shows that spontaneous recovery is at least a probable issue. The aqueous humour, rushing in through the ruptured capsule, at first renders the lens opaque: but, unless the rent closes, will ultimately dissolve it and so clear the vision.

I add a note furnished me by my friend Dr. Madden, who has had unusual experience in the treatment of this disease.

“In the early stage, where vision is but clouded, and streaks only of opacity are seen by the ophthalmoscope, a check to further deposit may very often be expected. If there is nothing more than smokiness of the lens, it may clear away entirely. The medicines I have found of most service are Mer-

curius, Calcareæ, and Phosphorus,—all in the higher dilutions.”

Since increase of fluidity and quantity of the *vitreous humour* constitutes the most permanent element in

Glaucoma,

I will rank the disease under this heading. The pathology of glaucoma seems to be involved in much uncertainty. The “acute glaucoma” for which Von Graefe advises iridectomy so strongly appears identical with the “arthritic ophthalmia” already described. By chronic glaucoma I understand a condition in which the intra-ocular pressure is much increased by reason of the dissolution of the hyaloid membrane, and the consequent fluidification and abnormal quantity of the vitreous humour (Mackenzie). Where the morbid process begins is uncertain; if, as Von Graefe thinks, it is in the choroid, the remedies found valuable in choroiditis (*Arsenic* and *Ipecacuanha*) should be thought of. The only case on record with which I am acquainted is the following from Peters.

“Mrs. E— became affected with arthritic ophthalmia and leucomatous opacity of the cornea, and after the gradual clearing off of the opacity, the lens was noticed to be of the colour of a beginning cataracta glaucomatosa. After *Phosphorus* 30 the lens returned gradually to its former healthy state.”

As affections of the *retina* I will rank the various derangements of vision. But first a few words upon

Retinitis.

I know of no experience in the treatment of the acute form of this disease. If a case came under my own notice, I should give *Aconite* and *Belladonna*. In sub-acute and chronic retinitis, I should follow the plan of your own authorities, and administer small but continued doses of *Mercurius*.

Amaurosis

is a generic term under which are ranged all deficiencies of actual visual power, including amblyopia (by which I mean indistinct vision) and hemiopia. Its treatment is of course very various, according to its cause. If this be seated behind the retina—in the optic nerve or brain itself—of course the treatment must be directed thither, according to the principles already established. If the amaurosis be sympathetic, you will attack the peripheral irritation as you best may. This leaves for our consideration two leading and frequent varieties of the disease—the inflammatory and the atonic.

a. If the symptoms are those of retinal irritation—if light is dreaded and the pupil tends to contract, the persistent use of *Mercurius*, as in chronic retinitis, promises the best results. Even very infinitesimal doses may effect our purpose, as in the following case, which—though very imperfectly reported—seems to belong to this variety.*

“A lady about thirty years of age, of mild tem-

* It is of course abridged, being from Dr. Peters' 'Treatise;' but I have no means of consulting the original.

perament and delicate constitution, noticed for a year a gradual loss of sight in the right eye ; sometimes she became almost blind without using the eye more than ordinarily ; there was a considerable discharge of tears ; and she could not bear the glare of light.

“ After the use of *Mercurius* 12 for fourteen weeks, the whole trouble disappeared, except the morbid discharge of tears, which ceased after having taken *Euphrasia*. ”

b. The atonic form of amaurosis is most frequently seen as a part of general debility from loss of blood or other exhausting discharge. It will sometimes yield to the *China* which, with suitable diet and hygiene, recruits the general strength. But more frequently it will persist, and require treatment as a substantive malady. *Quinine*, *Belladonna*, and *Gelseminum* are the medicines chiefly to be considered. The well-known blindness which often accompanies the deafness of cinchonism appears to be non-inflammatory in its nature. In one case, the patient so blinded could look steadily at the sun without seeing it, and without any painful sensation being produced (Peters, p. 212). *Gelseminum* deserves attention in amaurosis. The “ thirst for light ” is a symptom specially indicating it. *Ruta* is a medicine of much value in weakness of sight arising from over-straining the eyes ; but whether the affection it cures is true amaurosis or only asthenopia (of which I shall speak immediately) I cannot say. *Lithium* has lately, upon the strength of its proving, been used with success in hemiopia (see ‘ Brit. Journ. of Hom., ’ vol. xxvi, p. 409),

and Dr. Madden has found it of benefit in amaurosis.

I must add that but few of Dr. Peters' cases are instances of true amaurosis; they accordingly add little to our knowledge of its treatment.

Asthenopia.

By this term I understand, with Peters, "that state of vision in which the eyes are unable to sustain continued exercise upon near objects, although one can see them distinctly at first, and can employ his sight for any length of time upon distant objects: there is also no external appearance of disease of the eyes."

I am inclined to think that it is in this affection of sight that *Ruta* is so useful. When it is accompanied with aching on using the eyes, in subjects of general debility, I consider the muscles of the eye-ball at fault, and give *Arnica* with much benefit.

Hemeralopia

has several times been cured by *Belladonna*, and once by *Hyoscyamus*. *Pulsatilla* and *Solanum Nigrum* are also recommended. With nyctalopia we have no experience.

I will not speak of hemiopia, as it is never a substantive affection of the eye, but always sympathetic. It is otherwise, however, with

Diplopia,

which is sometimes a disorder of accommodation of

the muscles of the eyeball. *Conium* or *Gelseminum* would then be its remedy.

Myopia and Presbyopia

generally depend upon unalterable mechanical defects. But since they sometimes occur suddenly, and are then necessarily of a functional nature, it is well to remember that for far-sightedness, at any rate, we have homœopathically acting medicines in the mydriatics,—*Belladonna*, *Hyoscyamus*, and *Stramonium*.

Photophobia.

Under this term I include all forms of over-sensitiveness of the eye to sight. I know of no experience in their treatment; but the value of *Conium*, *Ignatia*, and *Arsenicum* in the intolerance of light accompanying strumous ophthalmia would suggest their trial here.

Photopsia and Chromatopsia

are generally symptoms of retinitis. Should the latter ever occur independently, the list of medicines capable of causing colorations of vision given in Peters may be consulted. *Belladonna* and *Hyoscyamus* are the most important.

We have only remaining for our consideration the *muscles* of the eye-ball. I am of opinion that they are more frequently the cause of distress in the eyes than is commonly supposed. Sometimes

they ache from debility, when *Arnica* will give great relief. Sometimes rheumatism attacks them, when *Spigelia* and *Actæa Racemosa* are the most promising remedies. But their best-known disorder takes the form of

Strabismus.

You will find some successful cases of the Homœopathic treatment of this disease in vol. xviii of the 'Brit. Journ. of Hom.,' p. 240. *Belladonna* and *Stramonium* were the most important remedies; and would obviously be indicated when spasm of one of the muscles was the cause of the distortion. If, on the other hand, paralysis of a muscle be the fault present, *Phosphorus* would seem to promise best for its cure.

LETTER XXI.

DISEASES OF THE EAR.

AURAL disease has not received much attention from Homœopathic practitioners, if the paucity of our literature concerning it is any test. I can only refer you to two treatises on the whole subject — and these but fragmentary — a paper “On some Morbid Affections of the Ear” by Mr. Chas. Cutmore, in the 3rd vol. of the ‘Annals;’ and another entitled “Remarks on some Diseases of the Ear” in the 21st vol. of the ‘Brit. Journ. of Homœopathy,’ unnamed, but evidently from the pen of Dr. Dudgeon. Some references to German literature on the subject are given in the latter essay. There are also a few occasional papers on Aural Disease by Dr. E. M. Hale in the recent volumes of the ‘North Amer. Journ. of Homœopathy.’

In passing through the various diseases which affect the ear, I shall follow pretty closely Mr. Toynbee’s classification.

The *external ear* may be attacked with erysipelas or with eczema.

Erysipelas aurium

is generally met with in the acute form, when it yields to *Belladonna* or *Rhus* as elsewhere. I have

never seen a chronic case, but should expect benefit in such from *Arsenicum*.

Eczema aurium,

when recent, will subside pretty rapidly under *Rhus* or *Croton*. It more frequently comes under treatment as a chronic affection, when, as you know, it is liable to extend into the meatus, and cause deafness by blocking up the passage with exfoliated epidermis. Mr. Cutmore has contributed two good cases of this affection to vol. xx of the 'British Journal' (p. 439). The curative effect of *Arsenicum* and *Clematis* in the first case was very marked. *Muriatic acid* is often a very useful remedy both in the acute and in the chronic form.

I have now to speak of the numerous diseases which attack the *external meatus*. I do not include among these mechanical obstruction, whether from foreign bodies, or from accumulated cerumen; since with us as with all the remedy here is the syringe. I cannot say that we have any medicine which checks the over-activity of the ceruminous glands, on which the accumulation referred to may possibly depend. Mr. Cutmore thinks we have in *Spongia* an excellent remedy for the opposite condition, viz.: where there is a total deficiency of wax.

Otitis externa,

when acute, has in my experience assumed two different forms, requiring different remedies. The former is the "inflammation of the connective

tissue" of Kramer (see Dudgeon's paper, p. 243), confined to the outer half of the meatus, whose orifice becomes an almost imperceptible slit. Here *Belladonna* is indicated; and, with the aid of moist heat continuously applied, will effect resolution as speedily as possible. In the other form the mischief is in the dermis itself, and chiefly in the deeper part of the meatus, where there is no connective tissue. The extreme sensibility of the dermis in this place makes the inflammation a horribly painful one; and when (as often happens) it spreads to the *membrana tympani*, distressing head-symptoms occur. Of this latter complication more anon. It is to this form of inflammation of the meatus, I think, that Dr. Bayes' experience belongs, with which my own entirely coincides. "In otitis, of which I have seen many very severe cases, *Aconite*, 1st decimal, has proved rapidly curative, in 2- to 5-drop doses every hour or two hours until the pain is relieved. I have never seen the higher dilutions of *Aconite*, nor *Pulsatilla* or *Chamomilla* of any marked service in the maddening pain of acute otitis, while *Aconite* 1st dec. has acted admirably" ('Monthly Hom. Review,' vol. x, p. 663).

Chronic cases of this disease consist sometimes in the repeated recurrence of the acute attacks. Dr. Dudgeon mentions one such case, in which the tendency was checked by the persistent use of *Nitric Acid* 3. Not uncommonly the recurring trouble comes in the shape of boils. I think you will find the usual treatment of boils sufficient here, viz., repeated doses of *Belladonna* 1 at the time, and *Sulphur* to check the recurrence. Chronic

inflammation of the meatus, when continuous, may be with or without discharge. The latter is too much of a local affection for internal medicines to do much: and although you may administer Arsenicum or Mercurius Corrosivus with possible advantage I think you will do best—as in the corresponding affection of the eye—by the local application of Nitrate of Silver, say gr. j to the ounce. So Mr. Cutmore also advises. The more common form, accompanied with discharge, constitutes in most cases what we call

Otorrhœa.

I think it is practical still to treat of this symptom as a disease, though it doubtless depends upon more than one pathological condition. The important point is that when chronic, it is nearly always connected with impaired general health on the part of the patient, and requires constitutional treatment accordingly. The two leading forms of otorrhœa are 1st, that dependent on primary chronic inflammation of the dermis of the external meatus and membrana tympani. 2nd, that symptomatic of catarrh of the tympanic mucous membrane. In the former of these the dermis becomes a kind of mucous membrane, suffers a “catarrhal” inflammation, and pours out a milky discharge. Besides daily syringing, you will get very good results in these cases from medicines like *Mercurius*, *Hepar sulphuris*, and *Nitric acid*. When occurring after scarlatina, I have seen very satisfactory results from *Muriatic acid*. I should mention, too, that on the strength of its proving, *Tellurium* has been

much used of late in America for this complaint, and with reported good effects.

The second form of otorrhœa may occur with or without perforation of the membrana tympani, which the speculum will disclose if present. Its distinction from the first form is this, that it is a true mucous membrane, and not a skin, which is here the seat of disease. The medicines for it are those of which we shall speak when on the diseases of the Eustachian tube and tympanic cavity,—*Pulsatilla*, *Iodine*, and the *Iodides of Mercury* and *Potassium*, and *Mercurius Corrosivus*.

Polypus aurium

is a frequent accompaniment of otorrhœa. The different forms assumed by the growths will affect the appropriate surgical treatment for their removal, if such should be deemed necessary. But I know at present of no relation between them and the medicines required for the otorrhœa, with the removal of which they will generally spontaneously disappear. A case in point, in which *Mercurius* was the remedy, is given in Dr. Dudgeon's paper. The polypus appears to have been of the "raspberry cellular" kind of Toynbee. There must be some reason why polypi appear under these different forms; and some day we may discover the link between them and the kinds of otorrhœa from which they arise, and ultimately (it may be) affix to each its appropriate medicine.

Exostoses

of the external meatus are described by Mr. Toynbee as of no infrequent occurrence. He connects them with the rheumatic and gouty diatheses, and reports much benefit from the local application of Iodine, and the internal use of Iodide of Potassium. I know nothing about their homœopathic treatment.

Of the affections of the *membrana tympani* it is needless to say much. The outer dermic layer belongs to the external meatus, in whose diseases and their treatment it shares. Its inner mucous membrane is part of the tympanic cavity. Relaxation of the membrane appears always connected with a morbid state of the middle ear, and is curable by the remedies which influence the mucous membrane. The only part peculiar to this membrane is its fibrous layer; and when the symptoms point to this as the seat of inflammation, I would suggest *Bryonia* and perhaps *Aconite* as its most likely remedies. The evening exacerbations of this medicine remind one forcibly of rheumatic ophthalmia.

The *Eustachian tube* contributes its quota to aural disease by frequently suffering closure of its faucial orifice. This is the familiar

Throat-deafness.

I assume your acquaintance with all that is now known respecting the physiology of the Eustachian tube, and with the various mechanical expedients adopted to obviate its closure. When you have

ascertained its want of patency, and the dependence of this upon an unhealthy state of the faucial mucous membrane, you will naturally turn to the remedies we have for modifying the latter condition. Mr. Toynbee has some good remarks upon the merely palliative action of mechanical measures and topical applications here. "There arises a *third* suggestion," he writes, "to ascertain the signification of this thickened mucous membrane, to make out what nature may be endeavouring to effect by thickening it. And if the patient be a child, perchance it may be that nature, through this thickened membrane, is endeavouring to rid itself of the scrofula taint; or, if the patient be a middle-aged man, it may be that nature through this thickened membrane is endeavouring to rid herself of the gout poison. And if we address ourselves to the assistance of nature, we shall, so to speak, ward off the necessity of her thickening the membrane; this will then return to its natural state, the Eustachian tube will be opened by its muscles, and the deafness disappear, in this case permanently."

This is the basis of our treatment of these cases. The medicines with which we aim at effecting the ends proposed are *Pulsatilla*, *Iodine*, the *Iodides of Mercury* and *Potassium*, and *Mercurius Corrosivus*. *Pulsatilla* is invaluable in recent cases, the relics of a catarrh. In chronic cases I have generally obtained such good results from Iodine (3rd dec. dil.) that I have felt it unnecessary to resort to any other remedy; but the favorable experiences of others has induced me to mention the three additional medicines. Mr. Toynbee draws a distinction

between the “thickened” and the “relaxed” mucous membrane of the throat in these cases; and future observation may determine the relation between such varieties and the medicines I have mentioned.

Obstruction of the Eustachian tube at the tympanic orifice really belongs to the affections of the *tympanum* itself, to which I now turn.

Congestion, or sub-acute inflammation of the tympanic mucous membrane, appears to be in most cases the substratum of—

Otalgia.

There is doubtless a truly neuralgic ear-ache—either primary, when *Arsenicum* will be the remedy, or sympathetic of carious teeth, when *Chamomilla* will at least give temporary relief. But this is rare as compared with the sub-inflammatory form. It is here that *Pulsatilla* plays another of its great parts in affections of the ears. I would suggest that with children it should not be left off too soon, as the mucous membrane is apt to get permanently thickened by repeated attacks.

Inflammation of the Tympanic Mucous Membrane,

when acute, will probably yield best to repeated doses of *Aconite* (1st dec.), as recommended for otitis externa. *Pulsatilla* may be required to clear away the last remains of the morbid condition. If cerebral symptoms should appear, *Belladonna* should be given alternately with the *Aconite*, if this should still be required. This treatment is hypothetical, as I know of no instance of the disease on record.

Chronic inflammation of this membrane requires much the same remedies as those recommended for throat-deafness. Here, too, the symptoms of commencing brain-mischief, from sympathy or actual extension, must be jealously watched for and guarded against.

Hypertrophy and Rigidity of the Tympanic Mucous Membrane

are considered by Mr. Toynbee to arise in the majority of instances independently of inflammation. The former would occur in scrofulous children, and would be benefited by the medicinal and hygienic treatment proper to that diathesis. The latter belongs to adults, whether rheumatic or not, in advancing life: and Mr. Toynbee considers it "*the* cause of deafness in advancing years." The cases he cites appear to show that great benefit is obtainable in these cases from the so-called "alterative treatment," *i. e.*, the administration of mild mercurials.

Anchyllosis of the Tympanic Ossicles,

especially of the base of the stapes to the fenestra ovalis, is probably always dependent upon gout or rheumatoid arthritis in the system. The treatment suitable to the general diathesis may be expected to do some good here, when the symptoms are recent. In confirmed cases I should have little expectation of benefit.

The *mastoid cells* are, as you know, lined by an

extension of the tympanic mucous membrane. They are therefore liable to disease from the same causes, and in their measure amenable to the same treatment, as the cavity of the tympanum itself. But the practical importance of disease in this seat is its frequent extension to the osseous tissue. I shall therefore name as a distinctive malady

Caries of the Mastoid Process.

Here, as elsewhere, prevention is better than cure ; and if we can check the affection of the mucous membrane—as by the remedies already suggested—or even secure the free egress of the discharge, we may prevent its extension to the bone. If we have reason to believe, however, that caries has already commenced, the remedies suitable to that malady when occurring elsewhere, notably *Mercurius* and *Aurum*, must be brought into play. At the same time a careful watch must be kept after ulterior mischief. Purulent infection may take place, through involvement of the lateral sinus, when *Lachesis* may help. Above all, cerebral symptoms may show themselves, and must be combated as far as possible by *Belladonna*. Whether the “free incision down to the bone” recommended by most aurists in these cases is a necessary auxiliary to our remedies, experience only can decide.

Of the affections of the *internal ear* there is not much known. Inflammation there is described by Kramer, but is, I suppose, met with only as secondary to tympanic mischief. If Toynbee is right, its occurrence even thus is of the rarest. I shall

speak only of "nervous deafness" and of "tinnitus aurium."

Nervous Deafness

is said by Mr. Toynbee to arise from 1st. Concussion. 2nd. The application of cold. 3rd. Various poisons, as of typhus, scarlet, or rheumatic fevers, of measles and mumps, of gout, of an accumulation of bile in the blood, and of quinine in large doses. 4th. Excess of mental excitement. 5th. Physical debility. I will endeavour to give you a few hints as to its treatment when occurring in these different ways.

1. Nervous deafness from concussion, when no physical lesion is apparent, ought to find its best remedy in *Quinine*. The deafness confessedly caused by large doses of this medicine appears to me to be brought about by an action on the auditory nerve very much resembling that of concussion. Dr. Brown-Sequard naively remarks, that it is curious that some forms of deafness should be curable by Quinine, which so often causes it.

2. The deafness which follows cold is, I suppose, congestive or sub-inflammatory, with a rheumatic character about it. *Aconite* when recent, *Mercurius Corrosivus* and *Iodide of Potassium* when chronic, would be the remedies.

3. For deafness without apparent disease following typhus and scarlatina I would suggest *Belladonna*. If after measles or mumps I should prefer *Pulsatilla*. When connected with rheumatism or

gout the proper treatment would be that of the diathesis.*

4. Deafness from mental excitement, besides the obvious general treatment, might be helped by *Phosphoric Acid*.

5. If physical debility be the cause, the remedies suitable to the general condition will also answer best for the deafness.

Tinnitus aurium

often depends upon some appreciable exciting cause, as pressure upon the membrana tympani. But, when all such are removed it may persist: and then, if not always, we may call it a hyperesthesia or neuralgia of the auditory nerves or centres. It is a very obstinate affection; but I commend *Belladonna* to your attention when you think the mischief intracranial; *Quinine* when it is associated with deafness; *Nux vomica* or *Ignatia* when there is increased sensitiveness for sound.

* Mr. Toynbee appears to have passed over the blood poison which most frequently causes deafness. This is *syphilis*. At Guy's Hospital Mr. Hinton tells us that syphilitic deafness furnishes more than one twentieth of the aural patients. He can tell us nothing about the pathology of the disease, and has found no benefit from the usual Bichloride of Mercury and Iodide of Potassium.

LETTER XXII.

DISEASES OF THE DIGESTIVE ORGANS.

THIS is a very inclusive title: but it enables us to carry our thoughts along the whole alimentary canal, from the mouth to the anus, taking in also the glands associated with it in function. We begin with the affections of the mouth and its contents.

And first, of the *mouth* itself. The various forms of stomatitis are essentially diseases of children, and fall to be considered under that heading. I have only to speak here of ulcers of the buccal mucous membrane and of cancer of the lips.

Ulcers of the Mouth,

when recent, are readily curable by a few doses of *Mercurius*, followed if necessary by *Nitric Acid*. When chronic and recurring I have found them very intractable.

Cancer of the Lips,

being of the epithelial variety, need not receive a gloomy prognosis. It has more than once yielded to *Arsenic*. In a case under my own care which had this happy issue, I gave the medicine in the

3rd dec. trituration, and also applied an ointment composed of five grains of the same to a drachm of lard.

The *tongue* is the seat of acute inflammation, of ulceration, of syphilis, and of cancer.

Glossitis.

This rapid and formidable disease is completely under the control of Homœopathic remedies, without the need of the incisions or leeches considered indispensable in the old school. A case of Dr. Guinness's, in the 5th vol. of the 'British Journal of Homœopathy,' illustrates my statement. The remedies were *Belladonna* 3, alternated every hour with *Mercurius* 5. The description of the patient, twenty-four hours after the initial rigor, is as follows:—"The whole tongue was enormously swollen; it nearly filled the cavity of the mouth, so that it was quite impossible to see the throat; but the tonsils externally felt enlarged, and were painful to the touch; his face very red and swollen, headache, pulse 100, full. . . . The surface of the tongue was coated white, but the point, and edges, and inferior surface were deep red, glossy, tense, and shining. His skin was burning hot, and he had passed a very restless night." Swallowing and speaking were almost impossible through the pain thereby occasioned. Improvement began almost immediately; and in forty-eight hours hardly a trace of the illness remained.

There is an acute œdema of the tongue which is rather urticarious than inflammatory. It is due to

the ingestion of some offending article of diet ; and, if the time has past for an emetic, might be treated with advantage by *Apis*.

Ulcers of the Tongue

require and yield to the same treatment as that of ulcers of the mouth, with which they are pathologically identical.* A very obstinate form of ulceration here is one which appears at the tip of the tongue, and frequently recurs after healing. If the application of caustic is ever necessary it is to these troublesome and painful little sores.

Syphilis of the Tongue

often appears in the form of ulceration, when there will rarely be need to depart from the *Mercurius* or *Nitric Acid*, or both, already recommended for simple ulcers. The bichromate (or chromate) or even hydriodate of potash should be borne in mind in severe or obstinate cases. Another form of syphilis of the tongue is a sort of chronic inflammation, with deep fissures and hypertrophied papillæ. The description given by Mr. Langston Parker of the condition of tongue produced in some persons by the long-continued use of *Iodide of Potassium* is so like this, that you will feel yourself thoroughly homœopathic in prescribing it. This is also the local manifestation of syphilis in which Dr. Laurie found *Fluoric Acid* so beneficial,—a bit of expe-

* "Ulcers of the tongue resulting from the action of Mercury are usually associated with similar ulcerations of the gums." (Aitken.)

rience which I have myself followed in one case with marked advantage.

Cancer of the Tongue.

Conium is in some repute for this grave malady : on what grounds I know not. The only case of the disease with which I am acquainted in which it seems to have been cured is the following from Petroz' collected writings.

"In 1829 a woman living in the Rue S. Nicolas, whose family was known to me, came to ask my advice about a disease of the tongue, for which she had been under the care of Dr. L'Herminier. The organ was profoundly altered by an ulcer, which appeared to me cancerous, and which occupied its right side; the edges, especially posteriorly, were indurated, raised, and knotty; speech was difficult, indistinct, and accompanied with much pain. The patient could only take liquid nourishment. Distrusting my own diagnosis, I sent her to Prof. Marjolin. She brought me back the following judgment:—'Cancerous ulcer; no chance of cure but from operation; and this impossible, for the base of the tongue is involved.'

"In the presence of so grave a disease I turned my thoughts to diminish her sufferings. I prescribed the $\frac{1}{100}$ th of a grain of *hydrocyanate of potassa*, to be repeated every fourth day. After fifteen days I again saw the patient. She suffered less, the tongue appeared to me not so thick, the edges less hard, the speech easier. The medicine was continued in the same way. Fifteen days later

the patient, whose countenance had lost its gray hue and drawn features, said to me with joy, 'I begin to be able to eat a crumb of bread.' The hydrocyanate was continued for a month longer, when the cure was complete. It is now eighteen years ago, and there has been no relapse."*

I have next to speak of troubles arising from the *teeth*. Reserving morbid dentition till I come to the diseases of children, I shall speak here of toothache from its various causes, and of gumboil.

Odontalgia.

There are three leading forms under which toothache appears, and under these heads I think we may class most of the medicines of real use in its treatment.

First, there is the ache which accompanies caries of the teeth. If there is any exposure of the pulp, "stopping" of some kind is of course essential. But with or without this procedure, you will earn

* I cannot say whether the induration in the following case was syphilitic, cancerous, or neither; but it is worth rescuing from its obscurity. ('Medical Investigator,' Jan., 1867.)

"Jane Cheshire, a dispensary patient, æt. 13, was admitted on the 18th of April, 1866, complaining of a hard lump the size of a large marble, which had existed for two or three months on the superior surface of her tongue, about half an inch from the tip, to the right of the middle line.

"Knowing that *Muriatic Acid* had a peculiar action on the tongue, I ordered her gtt. $\frac{1}{2}$ of the 12th cen. dilution three times a day.

"25th. Tongue very much better, nearly well; can now eat her dinner without the slightest inconvenience.

"May 2nd. One may now very well pronounce her cured, and the merest trace only remains of induration."

the thanks of your patient if you give him *Kreasote* in the 12th dilution to take frequently until he is relieved, and then continue it twice a day or so as a prophylactic.

Next, there is the burning, throbbing misery of inflammation of the dental pulp. Here you will find *Belladonna* specific, in almost any dilution.

Last, we have a neuralgic toothache. To give immediate relief, try *Chamomilla* where the patient's nerves seem unable to endure the pain, *Coffea* where there is much temporary relief from the application of cold, *Aconite* (not too low) where neither of these special indications are present. But rely upon a course of *Arsenicum* for permanent cure.

Parulis,

or gum-boil. By this familiar name I understand an inflammation of the alveolar and neighbouring periosteum, tending speedily to abscess. I think I can promise you that you may cut short this intensely painful inflammation, if taken in time, by repeated doses of the 1st dilution of *Aconite* and *Belladonna*. I suspect that the *Aconite* is here (as in the very similar otitis) the true remedy, but I have not tried it singly. Then you will have cases to treat in which gum-boils frequently recur. If, as is usually the case, a diseased fang is the cause of the mischief, and extraction is undesirable, you may try what a course of *Mercurius* will do. But I should have still better hopes from *Phosphorus*, whose theoretical indication in this trouble received striking confirmation in the only case in which I

have tried it. If the recurrent periostitis arose from general rather than local causes, *Mercurius* would be preferable.

The *salivary glands* are so closely connected with the mouth that their morbid conditions must fall to be considered here. I shall have to speak of salivation, and of mumps.

Ptyalism,

when part of the mercurial sore-throat, now (happily) rarely met with, will yield to such antidotes to mercury as *Iodine* and *Nitric Acid*. In idiopathic salivation these medicines, and *Mercurius* itself, will obviously be indicated: and have been known to cure. The salivation incident to pregnancy is, however, proof against every remedy that I have tried for it.

Parotitis

would get well as rapidly without as with any medicine. Nevertheless, I think you contribute to the patient's well-doing by giving him some daily doses of *Mercurius*, with *Aconite* if he be feverish. In the metastasis to the testicles or mammæ *Pulsatilla* is the remedy: in that to the brain—rare enough, but I have seen two instances of it—*Belladonna* will relieve.

This is a short letter: but I must defer till my next the important subject of the diseases of the throat.

LETTER XXIII.

DISEASES OF THE DIGESTIVE ORGANS (*continued*).

THE next division of the alimentary canal is the *throat*. This is indeed a pathological, rather than an anatomical or physiological entity, comprising as it does parts so diverse from one another and so blended with their neighbours as the soft palate with the uvula, the tonsils, and the pharynx. The throat, thus understood, is liable to be involved in erysipelas and variola, and presents special phenomena under the influence of scarlatina and syphilis; it is often also invaded by aphthæ. The treatment of these affections has been or will be discussed under their appropriate heads. I shall here consider catarrhal angina: quinsy and enlargements of the tonsils: chronic pharyngitis; and diphtheria.

Angina.

The mucous membrane of the throat is frequently inflamed from the usual causes of catarrh. This is quite a distinct affection from true quinsy (tonsillitis) with which it is often confounded. It shows itself under several forms. The membrane may be highly inflamed, without much swelling. Here *Belladonna* displays those wonderful powers which have given it such repute in throat affections, and

which I see have lately been re-discovered in the old school of medicine. You have probably already tested its value; but you may confirm your faith by consulting the authorities collected by Dr. Imbert-Gourbeyre in the 'Brit. Journ. of Hom.,' vol. xiv, p. 602. You will there see, moreover, that it occasionally needs the aid of Aconite, when there is much excitement of the general circulation.

The presence of ulcers is no contra-indication to this treatment by Belladonna, with or without Aconite, if they are on an inflamed base and very painful. It is only when the inflammation is of a low grade, with tendency to general ulceration, that *Mercurius* is preferable. Dr. Imbert-Gourbeyre, in the article I have cited, bears testimony to the value of this medicine also in sore-throat. I must confess that for one case in which I see indications for its use, I see twenty in which Belladonna is the true simile. And I do not remember a single case which seemed to call for the routine alternation of the two.

There is yet another form of acute sore-throat. When you examine the fauces, you find general œdema of the sub-mucous cellular tissue covering the tonsils, uvula, soft palate, and even the posterior portion of the hard palate. It looks almost as if a bee had flown in and stung the patient there. I am repeating what I have already said under the head of *Apis* when I tell you that you will find this medicine invaluable here.

The only other remedies I have to mention in connection with angina are the serpent-poisons, *Lachesis* and *Naja*. The former is very good for

what may be called a nervous sore-throat, where the pain (generally of an *aching* character) is out of all proportion to the inflammation present. Naja acts exceedingly well in pharyngo-laryngeal catarrh, of which a good instance is given by Dr. Russell in vol. xii of the 'Brit. Journ. of Hom.,' p. 213.

Tonsillitis.

I think that this term ought to be strictly confined to those cases where it is the parenchyma of the tonsils rather than the mucous membrane which is affected:—the "quinsy" (*i.e.* cynanche tonsillaris) of popular diction. I must re-iterate that in *Baryta Carbonica*, 6th or 12th, given early, we have an almost infallible means of dispersing the engorgement here before suppuration can supervene. Such has been and is my own experience: but I am bound to mention the very opposite results obtained by Mr. Clifton of Northampton, who states that he has given the medicine in fourteen or fifteen cases of tonsillitis, hoping to prevent suppuration, but without a single success ('Monthly Hom. Review,' July, 1868). As it is thus not impossible that *Baryta* may fail in your hands as in his, I would direct your attention to *Hepar sulphuris*, which, from a case related in the 6th vol. of the 'British Journal,' p. 233, appears to control suppuration in the tonsils at an even more advanced stage of the disease.

As regards chronic inflammation of the tonsils, I am again unfortunate enough to be at issue with Mr. Clifton, for while he states that "in chronic

enlargements of the tonsils, *Baryta carbonica* is a valuable remedy," I have never seen it make any impression upon the hypertrophied glands. I much prefer the *Phosphate of Lime* and *Iodide of Mercury*, upon which you will find an excellent paper by Dr. Cooper of Southampton in the 'Monthly Hom. Review' for Sept. 1867. He assigns the following as the diagnostic marks between them. "The latter (*Merc. iod.*) is to be relied upon where we are apprehensive of further inflammatory action setting in, where superficial ulceration is present, the tongue furred, and where there is a tendency to glandular enlargements in other parts, or any appearances leading us to suspect hereditary syphilis. The former will be found indicated in old chronic cases, especially if there is a tendency to fleshy, polypoid growths upon the mucous membranes, if the breathing is much affected (here it would seem specific), or if symptoms of a decidedly strumous character are present." The *Calcarea phosphorica* Dr. Cooper recommends in the 3rd dec. trituration.

Chronic Angina.

I prefer using this term to that of pharyngitis, as the pharynx is not the only part affected. I cannot yet classify the various forms assumed by this disease: and must content myself with mentioning the indications for three leading medicines.

Mercurius Iodatus. — The observations of Dr. G. W. Cook, of New York, which you will find in Hull's 'Jahr,' point to this medicine as peculiarly adapted to chronic follicular pharyngitis,

the well-known "clergyman's sore-throat." Dr. Black concurs in Dr. Cook's recommendation of the drug in question, and, like him, gives it in the 1st trituration. But he points out how frequently this disease is dependent upon constitutional taint (the "herpetic" diathesis of the French) or upon unhealthy modes of living: and the necessity for such medicines as Sulphur and Nux Vomica, with hygienic measures, in its treatment.

Kali bichromicum is often a useful supplementary medicine in the same condition, especially when much tenacious mucus collects about the fauces. It is also very valuable for chronic simple ulceration of the pharynx or tonsils.

Lachesis is pre-eminently the medicine for the "irritable throat." Instances of this affection cured by it may be read in the 'Brit. Journ. of Hom.,' vol. ii, p. 369, and vol. xxii, p. 488. Choking, hawking, and coughing are present; and sensations as of a ball or of a dry spot in the throat are not uncommon. Ignatia, Chamomilla, and Ambra are similarly acting medicines. The Ignatia sore-throat, according to Hahnemann, is characterised by a sensation of a lump during deglutition, and of stinging afterwards.

Diphtheria.

I have classed this disease among the affections of the throat; for it is there that it chiefly shows itself. But it is unquestionably a specific toxæmia,

distinct either from scarlatina or croup ; and having other local manifestations besides the angina.

The treatment of diphtheria illustrates well the conditions necessary for the successful application of the Homœopathic law. When cholera first appeared in Europe, Hahnemann was able from the knowledge of pathogenesis then acquired to indicate Camphor, Veratrum, and Cuprum as its specific remedies. Later, Arsenicum was added : and now every homœopath throughout the world treats cholera with these medicines, and with a comparative success which is abundantly satisfactory. It is very different with diphtheria. If you will read the numerous papers upon it (a list of which I have subjoined) * which have appeared in our Journals since Dr. Black opened the ball in 1858, you will find an endless variety of medicines in use, and no great success to boast of with them all. It must be confessed that it is not a disease which one feels any great satisfaction in being called upon to treat. Nevertheless, amidst the floating mass of experience which has now accumulated there seem certain patches of firm ground on which we can take our stand in laying down, provisionally, the best Homœopathic treatment of the malady.

In the first place, I would recommend a freer resort to the aid of *Belladonna*. I always commence the treatment with this medicine, in the 1st dilution : and have seen mild symptoms almost immediately, and pretty severe ones rapidly, disappear under its use. If decided improvement has not

* See the bibliographical postscript to this letter.

resulted within forty-eight hours of commencing its use, there is no advantage in persevering with it. If, moreover, as sometimes happens, the symptoms disappear at first under the influence of the remedy, but soon return, it should not be continued.

I must now speak of the mercurial preparations. It was but natural, on the first glance being taken at the phenomena of diphtheria, to treat it with this mineral in some form. With the ordinary preparations, however, *Mercurius solubilis* and corrosivus, and the red oxide—no advantage was gained. But a different story began to be told as the *Iodides of Mercury* came into play. Dr. Black with the prot-iodide, Dr. Madden with the biniodide obtained very encouraging results, and our American colleagues followed suit. With one or other of these, in the lowest triturations, perhaps the majority of Homœopathic practitioners treat diphtheria. I wish I could commend them to you from my own experience. I have repeatedly given them, and carefully watched their action: and I have been unable to perceive the least influence exerted by them over the disease.* I have already, when speaking of *Mercurius*, adduced reasons for doubting its true homœopathicity to the diphtheritic process: and I cannot see what difference is likely to be made in this respect by its combination with Iodine. However, I cannot ignore the results obtained by my colleagues: and I must set the *Iodides of Mercury* in the forefront of the battle with diphtheria. To obtain their full effect, the triturations

* Dr. Neidhard, the author of our latest treatise on 'Diphtheria,' confesses to a similar experience.

should have been recently prepared, and the dose should be placed dry in the mouth.

I come next to *Phytolacca*, in which some of my colleagues appear to hope that the true specific for diphtheria has been found. I must remind you of what I have already written when upon this medicine. I find in none of the cases reported as cured by it the symptoms I have learned to dread in diphtheria: while in nearly all there was high fever, with aching pain in the head, back, and limbs,—symptoms which are never present, according to my experience, in bad cases. From three instances in which these symptoms occurred, and in which *Phytolacca*, given after the failure in two of *Aconite* and in one of *Belladonna*, acted with magical rapidity, I am disposed to believe that in this febrile form of the disease it is truly specific, but that it has no power when malignant symptoms appear. The mother-tincture seems required.

What, then, can we do when diphtheria comes before us in its full and terrible severity? To give the medicines hitherto mentioned seems to me mere waste of time; nor have such remedies as *Arsenicum* and *Lachesis*—so valuable in malignant scarlatina—been found available here. The following are the directions in which I think we have before us the most hopeful outlook.

In the majority of bad cases the symptoms, both local and general, are those of blood-poisoning. The only one of our ordinary remedies which has, in my hands, exhibited any marked power over this condition is *Muriatic Acid*. But I think that a new mine of wealth has lately been opened to us in the

study of the antiseptic medicines. Of these, the *Permanganate of Potash* has been proved and given successfully by Dr. H. S. Allen; while the *Chloride of Lime* has been largely used by Dr. Neidhard, and with results surpassing any that have yet come before us. They were given in material, but small doses,—about $\frac{1}{12}$ of a grain of the former and $\frac{1}{30}$ of the latter,—frequently repeated.*

In another class of bad cases the symptoms are those of croup,—the false membrane has invaded the larynx and trachea. *Bromine* and *Kali bichromicum* are said to have cured this form of diphtheria. I can only say that I have used them freely, as also Iodine, without the least benefit. I think that Dr. Neidhard's suggestion is very good, that it is necessary to attack the poison in the blood even while, by the medicines specifically affecting the air-passages, you are combating its dangerous local manifestation. He usually administers the Bichromate of potash (1st trit.) in alternation with his Chloride of lime. He has recorded two instances in which this treatment proved successful. In cases where the blood-poisoning and the laryngeal obstruction are of equal severity, I should prefer the Permanganate of potash with Bromine.

I need hardly say that with our medicines, as with those in use in the old school, the general management of the patient is of immense importance. Among other things I have learnt from my friend Dr. Hilbers the value of removing the patient from the house where the disease was incurred. For

* I regret to learn that our Liverpool colleagues have found the Permanganate a complete failure in their hands.

adults and older children, ice is very useful ; but to young children the extreme cold is repulsive. As to local applications, I have gone through three stages of opinion. At first I used them in every instance ; but when I found all the very bad cases dying in spite of them, and observed how much they added to the patient's distress, I abandoned them entirely. Now I adopt a middle course. In the Belladonna cases they are unnecessary. In those calling for *Phytolacca*, a gargle of the same drug is useful when there is much exudation ; but only, I think, to clear it away the sooner. In croupal diphtheria gargling or pencilling the fauces is of course futile : but the Bromine or Kali bichromicum we are administering may advantageously be applied to the laryngo-tracheal membrane by inhalation or (better) spray. The only unquestionable value of local applications seems to me to appear when the false membrane is very foetid, especially if it is also abundant in quantity. Here it is likely that the system becomes secondarily re-infected by the throat deposit ; and it is undoubted that great temporary relief follows its removal. You may effect this, if you like, by a solvent of the membrane, as glycerine ; or by one which corrugates and detaches it, as permanganate or perchloride of iron. Muriatic acid also is an agent of the latter class ; and has additional claims in virtue of its specific relationship with the disease. All these have been used with advantage as local applications, in conjunction with our internal remedies. But seeing that there are no more powerful solvents and de-odorizers of the diphtheritic deposit than the permanganate of potash

and the chloride of lime, I would recommend that in all cases in which these drugs are being administered they should also be used (save in young children) as gargles to the throat. I suspect that local applications here are like laryngeal medicines in the croupal form; they are useful in conjunction with the hæmatic remedy, but of none but temporary avail alone.

The post-diphtheritic paralysis generally tends towards spontaneous recovery in pure air and with generous diet. The restoration of power may be aided, however, by *Gelseminum*, *Conium*, or *Curare*. In a long standing and progressive case of general spinal paralysis and anæsthesia thus brought about, *Cocculus* proved in Dr. Trinks' hands the curative medicine.

P. S.—The following is a list, as correct as I can make it, of the principal papers and monographs on Diphtheria which have appeared in Homœopathic literature to the present time.

1858.—'Brit. Journ. of Hom.,' vol. xvi, p. 633. Paper on, by Dr. Black, with supplementary remarks by Dr. Madden.

1859.—*Ibid.*, vol. xvii, p. 210. Paper on, by Dr. Kidd, p. 222. Paper on, by Dr. Madden, p. 606. Paper on, by Dr. Black.—'Annals of Brit. Hom. Society,' vol. i, p. 213. Paper on, by Dr. Morgan.—'North American Homœopathic Journal,' vol. viii, p. 133. Paper on, by Dr. Snelling.

1860.—'Brit. Journ. of Hom.,' vol. xviii, p. 159. Cases by Dr. Smith, of Oldham, p. 650. Case by Dr. Suss Hahnemann, p. 655. French Discussion on.

1861.—Ibid., p. 410. Paper on, by Mr. Gelston, p. 443. Editorial article on, summarising Hom. experience up to that time, p. 451. Conclusion of French Discussion on.—‘North Amer. Hom. Journal,’ vol. ix, p. 393. Paper on, by Dr. Peterson.—Monograph on, by Dr. Snelling: ‘The Homœopathic Treatment of Diphtheria,’ New York.

1862.—‘Annals of Brit. Hom. Soc.,’ vol. ii, p. 373. Paper on, by Dr. McGilchrist, with Discussion.—‘North Amer. Hom. Journ.,’ vol. x, p. 362. Paper on, by Dr. Freligh, p. 422. Paper on, by Dr. Duke.

1863.—‘Brit. Journ. of Hom.,’ vol. xxi, p. 109. Case, by Dr. MacLimont.—‘North Amer. Hom. Journ.,’ vol. xi, p. 94. Paper on, by Dr. J. Davies, p. 168. Paper on, by Dr. W. Williamson, p. 231. Paper on, by Dr. Colton.—Monograph on, by Dr. Helmuth: ‘On Diphtheria.’ S. Louis. Ibid., by Dr. Ludlam: ‘A Course of Clinical Lectures on Diphtheria.’ Chicago (reviewed in ‘Brit. Journ. of Hom.,’ vol. xxii, p. 456).

1864.—‘Brit. Journ. of Hom.,’ vol. xxii, p. 358. Case, by Dr. Dudgeon, p. 509. “Experience in Diphtheria,” by Dr. Diller, p. 513. “Guaiacum officinale as a remedy in Diphtheria,” by Dr. Couch.—‘Monthly Hom. Review,’ vol. viii, p. 308. Abstract of Mr. Moore’s Paper on, with Discussion.—‘North Amer. Hom. Journal,’ vol. xii, p. 94. “Albuminuria in Diphtheria,” by Dr. Ludlam, p. 113. “Diphtheritis Pharyngea,” by Dr. Meyhoffer.—Dr. Burt’s cases treated by *Phytolacca* in Hale’s ‘New Remedies,’ 1st Ed.

1865.—‘Brit. Journ. of Hom.,’ vol. xxiii, p. 67.

"Diphtheria, with Consecutive Paralysis," by Dr. Chancercel.—'Monthly Hom. Review,' p. 279. Dr. Sherwin on "Phytolacca Octandra in Diphtheria," p. 665. "A few Practical Remarks on the Use of Carbolic Acid and of Phytolacca in Diphtheria," by Dr. Bayes.

1866.—'Monthly Hom. Review,' p. 117. Dr. Matheson on "Phytolacca in Diphtheria," p. 169. Dr. Hughes on Phytolacca in, p. 240. Mr. E. T. Blake on do., p. 262. Dr. Bubb on do., p. 243. Dr. Rhodes Reed on do., p. 369. "An Unsuccessful Case of Diphtheria," by Mr. E. T. Blake.—'North Amer. Hom. Journ.,' vol. xiv, p. 553. 'Treatment of Diphtheria,' by Dr. E. P. K. Smith.—'Brit. Journ. of Hom.,' vol. xxvi, p. 621. "On Pharyngolaryngitis Membranacea," by Dr. Meyhoffer.

1867.—'Brit. Journ. of Hom.,' vol. xxv, p. 350. "On Permanganate of Potash in Diphtheria," by Dr. H. C. Allen.—Dr. Hale's 'New Remedies,' 2nd Ed., contains all experience up to that time with Phytolacca.—Monograph. 'Diphtheria,' by Dr. C. Neidhard. New York.

LETTER XXIV.

DISEASES OF THE DIGESTIVE ORGANS (*continued*).

I now come to the *stomach*. This much-abused though long-suffering organ so frequently brings its possessors to you for help, that you will expect me to give you the fullest possible information as to the Homœopathic treatment of its ailments. I will endeavour to do so, to the best of my power. After much pondering as to the best plan of arranging my materials, I have decided upon the following arrangement. First, I will speak of the treatment of the organic affections of the stomach, inflammation, ulcer, and cancer. Then I will tell you what we can do for its nervous derangements. Last, I will discuss the remedies for the various forms and elements of dyspepsia.

Before I proceed, let me refer you to what we have of literature upon the subject. Besides the numerous clinical cases scattered through the journal, many of which I shall mention in their places, there are essays at a systematic treatment of gastric disorders by Dr. Hofrichter, in vol. xi, and by Dr. V. Meyer, in vol. xviii of the 'Brit. Journ. of Homœopathy.' There is a semi-popular treatise by Dr. Wm. Morgan, which is not without use to beginners, on the 'Homœopathic Treatment of Indigestion, etc.' Best of all are Dr. Marston's 'Notes of Cases of Indigestion' in the 'Monthly Homœopathic Review' from Sept. 1867 to Feb. 1868.

Gastritis.

There is no doubt that acute gastritis, in the strictest sense of the term ("croupous form" of the Germans), is, except as a consequence of irritant poisoning, hardly ever seen. I must agree with Dr. Wilson Fox,* however, that "acute gastric catarrh" is a very common affection. It is usually an acute dyspepsia: but sometimes arises from climatic and even epidemic influences. An account of a number of cases apparently springing from the last-named cause is given by Dr. Yeldham in the 'Brit. Journ. of Hom.' vol. xvi.

There is one medicine, and one only, on which I advise you to rely whenever you are sure of the presence of gastric inflammation. This is *Arsenicum*. Do not give it in too low a potency,—the 6th or 12th will serve you best. Its homœopathicity to the morbid condition I need not demonstrate. If you want an instance of its action, I refer you to a case by Dr. Laurie in the tenth vol. of the 'British Journal.' With the aid of a suitable diet, and perhaps a cold compress to the epigastrium, you will need no other treatment.

I know that "indications" are given in our books for many other medicines in this affection,—as *Nux vomica*, *Bryonia*, *Pulsatilla*, and *Ipecacuanha*. Pathogenesis also would suggest the possible place of *Mercurius corrosivus*, *Kali bichromicum*, and *Tartar emetic* in its treatment. It is but right that I should mention these: but I repeat that you will seldom, if ever, want any remedy but *Arsenicum*.

* Russell Reynolds' 'System of Medicine,' vol. ii.

The same is true of chronic gastritis, which underlies many obstinate forms of dyspepsia. Only here I think you will find the lower potencies of the drug (as the 3rd dec. trituration) preferable. I refer you to two excellent cases in the first (p. 71) and fourth (p. 255) vols. of the 'British Journal.' I have never seen any medicine succeed in these cases when Arsenic had failed. For I need not tell you that they are often incurable, as being but symptomatic of organic disease elsewhere. This is especially true, I think, of 'chronic gastric *catarrh*,' *par excellence*, where much mucus is formed and vomited. Pulsatilla, Antimonium crudum, or Ammonium muriaticum may relieve, but will seldom cure this complaint.

The alternatives of Arsenic in chronic gastritis—if needed—are those already named for the acute form, with Phosphorus and Iodine.* The latter is reported to have cured a case in a child accompanied—which is rare—by bulimia ('Annals,' vol. i, p. 293).

If "gout in the stomach" should ever assume a truly inflammatory form, Colchicum would probably be as curative as it is homœopathic.

Ulcer of the Stomach.

I am only acquainted with three unquestionable

* Perhaps Hydrastis should be added. Dr. Mackechnie reports a case in the 'Annals' (vol. iv, p. 541) of chronic vomiting, which recovered rapidly under Hydrastis 3. The state of the tongue and of the complexion make me think this to have been an instance of gastritis rather than of ulcer; but the diagnosis must remain uncertain.

cases of this disease in our literature: one in the 4th vol. of the 'Brit. Journ. of Hom.' by Dr. Holland, one in the 24th vol. by Dr. Watzke, and one in the 'Annals' for June 1868. In the first the progress of ulceration was apparently checked by Arsenicum 30, and the patient regained her health: but some months afterwards perforation took place after an indigestible meal, and she died. In Dr. Watzke's case all symptoms disappeared under Arsenicum and Nux vomica: but a relapse occurred six or seven years subsequently. In both death from marasmus seemed impending when the treatment was begun. Dr. Mackechnie's case was treated with Kali bichromicum 3; but illustrates the advantage of rest of the stomach rather than the virtue of the medicine, as the patient grew worse under the latter without the former. The case is too recent, moreover, to be considered complete. The same must be said of a case of my own, which rapidly recovered at the time under rest and Kali bichromicum: but I know not her subsequent history.

Such experience proves that we are at least not worse off than the old school in the treatment of gastric ulcer. On the contrary, analogy makes it probable that, upon the common and indispensable basis of rest, our medicines exert a real healing and restraining influence upon the morbid process which without them can hardly be attained. The *Argentum Nitricum*, indeed, used by some is thoroughly homœopathic to the disease,—as much so as the *Arsenicum* and *Kali bichromicum* which you will see are our favourite remedies. Patho-

genesy bears out Mr. Pope's suggestion that Arsenicum would be most suitable when the ulcer is at the pyloric, Kali bichromicum when at the cardiac end of the stomach.

But we ought to be able to do more than this. Gastric ulcers seldom occur singly. If one is healed, others may appear: and the morbid process may even be set up in the cicatrix. Have we any means of arresting this tendency? In the absence of experience, and the obscurity of the pathology of the subject, I can neither affirm nor suggest any answer to this question. One thing is certain,—that the ulceration is not inflammatory: so that the remedies for gastritis will not help us.*

What can we do in the *accidents* of gastric ulcer, —hæmorrhage and perforation? The former is rarely prolonged enough to call for any other treatment but that of the ulcer. But if such should be required, the remedies I shall speak of when I come to hæmatemesis—notably Ipecacuanha and Hamamelis—will probably avail. As to perforation, I do not know what to say about omitting the usual treatment by Opium. “No other agent” says Dr. Wilson Fox “appears to have any curative influence. The only favourable recorded terminations to this event are those in which the opiate treatment was pursued.” In Dr. Holland's case, the patient rallied from the immediate collapse under Arsenicum 30; but the medicine was not continued, the same symptoms returned a few

* In this connexion the results of Mr. Edward T. Blake's most valuable and exhaustive experiments with Nitrate of Uranium should be considered ('Brit. Journ. of Hom.' vol. xxvi).

hours afterwards, and she died nineteen hours after she was first attacked. No peritonitis was found at the post-mortem. I should expect to be able to control the latter casualty with our Aconite and Mercurius Corrosivus: and if Arsenicum can rally from the shock, the Opium may be unnecessary.*

Cancer of the Stomach.

Can we modify the hopeless prognosis which comes from Old Medicine when she recognises this disease? I have only probabilities to offer you in the affirmative: but such as they are, they would inspire me with more hope for gastric than for any other form of internal cancer.

There are two cases in the 'British Journal of Homœopathy' in which supposed cancer of the stomach has been cured. One of these, by Dr. V. Meyer (vol. xiii, p. 321), may well have been ulcer, with much plastic thickening about it. You will weigh, however, the reasons assigned by this excellent physician for believing it to have been true scirrhus. The patient, who was desperately ill, got quite well, mainly under Arsenicum 3 and Calcarea 12. Of Dr. Bolle's case, in the 12th volume (p. 173), I can only say, if it is not cancer, what is it? It bears no resemblance to any other disease of the

* Since writing the above I have come upon another case in which perforation of a gastric ulcer seems to have taken place. It is recorded by Dr. Kafka, of Prague, in the 15th vol. of the 'British Journal.' Belladonna removed the symptoms; and the ulcer finally healed under Sulphate of Atropia, gr. $\frac{1}{15}$, night and morning.

stomach with which I am acquainted. There was coffee-grounds vomiting, and the patient was sixty years old. The curative agent was Phosphorus. To these Dr. Mackechnie ('Annals,' vol. iv, p. 542) adds the mention of a case "where there was every reason to suppose cancer of the pylorus—a case that had been pronounced hopeless by the first allopathic physicians; but where the patient is now quite well. This result is to be attributed principally to *Hydrastis*."

Arsenic, *Phosphorus*, and *Hydrastis*—these are the medicines from which experience would lead us to hope a possible benefit in gastric cancer. To these I would add *Kreasote*. I cannot affirm that I have ever cured this disease, but I have seen several such suspicious cases clear up under *Arsenic* and *Kreasote* that I cannot think we are altogether powerless against it.

The neuroses of the stomach may be classed under the general heading of

Gastrodynia,

otherwise "gastralgia," or "cardialgia." It is in this affection that *Nux vomica* has won its eminent place in the treatment of disorders of the stomach. You will of course look out for the well-known indications for the drug—the occurrence of the symptoms in intellectual workers, and in those addicted to wine and coffee, the co-existence of constipation, and so on. The only one of these to which I attach much importance is that the sufferer shall be tolerably robust and wiry,—not a delicate

youth or female. I venture to say that in nine-tenths of such patients *Nux vomica*, in almost any dilution, will cure their gastrodynia. The remainder may require a minute comparison of their symptoms with the *Materia Medica*, especially with those of *Lycopodium*, *Cocculus*, *Bismuth*, and *Opium*. The *Hydrocyanic Acid* which is so great a favourite in the old school for this affection I also have found very useful where there is a distressing sense of "sinking" complained of, and where the pain is temporarily relieved by food.* I think the symptoms in these cases referable to the solar plexus: and have found other disturbances of this great ganglionic centre amenable to the same medicine.

There is another form of cardialgia, which presents itself in delicate women, and in individuals of the same type in the opposite sex. This assumes the character of hyperæsthesia or neuralgia,—that already described partaking more of spasm. The neuralgic variety—which is by far the most common—is often sympathetic, especially of ovario-uterine disturbance, and may then yield to the remedies for the primary disorder. Its own remedies are all taken from the class of metals. *Bismuth*, *Zinc*, *Argentum*, *Cuprum*, even *Manganese* have been used with good results; but my favourite medicine is *Arsenicum*. With the dilutions 6 to 30 of this drug I have performed some of the most satisfactory cures I can recall in the subjects of this malady. The hyperæsthetic variety, in which the stomach immediately resents by pain and vomiting the intro-

* Dr. V. Meyer says of the *Nux cardialgia* that it is "only caused by partaking of solid food."

duction of food, is usually associated with hysteria, or spinal irritation, or both. Dr. Kafka gives two cases of the kind in which a cure took place under the Sulphate of Atropia, in doses of the 180th of a grain. ('Brit. Journ. of Hom.,' vol. xv, p. 242.)

I reserve for another letter the large subject of dyspepsia.

LETTER XXV.

DISEASES OF THE DIGESTIVE ORGANS (*continued*).

THE difficulty of classifying the disorders of the stomach culminates when I come to that multiform malady which we call “dyspepsia.” I am not sure but what Dr. Marston’s plan is the best—to run through the list of medicines of service in the disease, indicating the special place and value of each. You would hardly be content with this, however; and I must still keep disease in the fore-front, and hang on my medicines to its several forms. I will speak, then, first of acute indigestion; then of chronic indigestion in general; next of the special elements of this latter—pain, acidity, heart-burn, water-brash, and flatulence—each of which sometimes comes before us for treatment as a substantive malady: and last of vomiting, with hæmatemesis as an appendix.

Acute indigestion.

By this I mean, of course, the immediate results of the ingestion of improper food. If it is not too late for an emetic, I hope that your Homœopathic convictions will not be felt as a bar to your resorting to this common-sense remedy. I do not, however, recommend a purgative when the offending food

has passed the pylorus. It will act as its own cathartic.

Besides a judicious temporary starvation, you will find either *Nux vomica* or *Pulsatilla* of inestimable service in these cases. The former comes into play when the indigestible substance is such on account either of its bulk, or of its hardness and insolubility,—as cheese, white of egg, and such like.* The symptoms are those of violent pain and expulsive action; it is the nervo-muscular apparatus which is here at fault. I recommend frequent doses of the 1st dilution. The indigestion calling for *Pulsatilla*, on the other hand, generally arises from taking fat or other rich food. The prominence of mucous derangement—white tongue, nausea with little vomiting, passive diarrhœa, and absence of much pain—is the indication for this drug. Teste adds Arsenicum as the specific remedy for the disturbance of the stomach caused by sour fruits and crude vegetables: of this I have no knowledge.

Chronic Dyspepsia

generally comes before us as a more or less complex condition; and requires the full resources of diet and hygiene to be brought into play for its aid. But over and above these we have medicines of the utmost value in its treatment. If you have fallen in with Dr. Chambers' suggestion of the impotence of our remedies in this disease, let me recommend you to read Dr. Marston's papers, which were written in

* "Foreign bodies usually appear to cause pain through exciting spasm of the muscular coats." (Dr. Wilson Fox, *loc. cit.*)

reply. I cannot refer you to a better account of the place and action of our chief anti-dyspeptic remedies. I will give them here in brief.

Nux vomica is the medicine to be given when the nervous and muscular energy of the stomach is defective and perverted. The food either causes pain and—less commonly—vomiting, or it lies like a load at the stomach, oppressing the brain, and soon developing much flatulence. Water-brash occasionally occurs. The tongue is coated at the posterior part only. There is constipation, often with ineffectual urging to stool; and tendency to piles. This is the dyspepsia of men of business and intellectual workers, when they do their business with hurry and worry, and give their brains insufficient rest. *Nux* is also the best remedy for the non-inflammatory dyspepsia of those who take alcohol largely.

Pulsatilla expends its influence upon the mucous membrane. The mucus is increased; hence slow digestion, fermentation of the food, acidity, heart-burn, foul eructations, and nausea. Rich and fat foods are instinctively avoided. The bowels tend to looseness. It is the dyspepsia of persons of soft fibre and feeble circulation.

Bryonia is less frequently indicated than either of the two great remedies now described. Its indigestion is more directly the consequence of an unsuitable diet than of constitutional derangement. I have already, when writing to you upon this drug, cited Trinks' graphic description of the cases to which it is suitable. With this Dr. Marston's experience fully coincides. The sense of *pressure* after food,

even as if a heavy stone lay in the stomach, bitter taste and vomiting ; and the tenderness of the epigastrium to touch and on movement, especially when making a false step, with water brash and constipation, —are characteristic symptoms for Bryonia. I think Dr. Marston has made a very happy suggestion when he points to the muscular coat of the stomach as the part mainly at fault in these cases. The liver is probably also involved.

Lycopodium, though not mentioned by Dr. Marston, I regard as far superior to any other of the medicines he has used, save only these three. It is in the thoroughly atonic dyspepsia of weakly subjects, where the digestion is delayed through deficient glandular secretion and muscular energy ; where there is so little nervous force to spare for digestion that during its process an irresistible drowsiness comes on, and the sleeper wakes exhausted ; and where from like causes flatulence collects in abundance, and the bowels are utterly torpid,—that *Lycopodium* displays its powers. I must again refer you to Dr. Hutchinson's case in vol. xxv of the 'British Journal,' p. 503, as a typical one for this medicine. A copious deposit of lithates in the urine is another indication for its choice.

Carbo vegetabilis is often a capital medicine for the chronic dyspepsia of old people. Much flatulence, acidity, and heart-burn are usually present, and often frontal headache and giddiness, but rarely constipation.

Sulphur and *Calcareæ* are said by Dr. Marston to be often required in obstinate cases and in dyscratic subjects. The former helps forward the

action of *Nux*; the latter that of *Pulsatilla*. Sulphur is especially suitable to the bilious and sanguine temperament, and where there is a tendency to constipation and hæmorrhoids, and to retarded and scanty catamenia. Calcarea suits children, females, and persons of phlegmatic temperament or scrofulous diathesis; and is indicated by the presence of acidity, and the tendency to looseness of bowels and to menorrhagia.

These are all the medicines I need speak of for chronic dyspepsia. I believe that a thorough knowledge of their distinctive action will enable you to dispense with all others: and I hope you will do as well as Dr. Marston, who cures even his Dispensary patients in the proportion of 77 per cent.

And now as to the treatment of the different elements of indigestion which I have enumerated.

Pain after Food

may signify either organic disease of the stomach,—inflammation, ulcer, or cancer; or one of its neuroses,—the spasmodic, neuralgic, or hyperæsthetic forms of gastrodynia. The treatment of these I have already discussed. But there is another not unfrequent variety, in which the pain comes on directly the food is swallowed and continues during the whole process of digestion, but unattended with vomiting, which I cannot refer to any of these morbid states. In some of these cases the patient's history and general condition have disclosed a rheumatic tendency, which may easily be conceived of as affecting the muscular coat of the stomach.

Here I have found *Bryonia* of much service. In others the same muscular coat seems affected with debility, so that its contractions are attended with pain and soreness. Here, besides the obvious tonic measures, *Arnica* may be given with decided advantage.

Acidity.

Dr. Chambers has very forcibly pointed out how this trouble may arise from deficient vitality of the stomach, allowing the saccharine and fatty elements of the food to undergo acid fermentation. But I think he is led away by his theory when he rejects the possibility of hyper-secretion of gastric juice, as if it were an excess of vitality, which is impossible. One of his own school, Dr. Inman, has taken much pains to prove that excessive secretion always implies a depressed condition of the secernent organ or of the general system. And I cannot but think, with Dr. Wilson Fox, that acidity—as with an empty stomach—often depends on hyper-secretion. It is a symptom not easy to remove. Something may be done by careful dieting; something by giving lemon-juice as Dr. Kidd advises in his capital paper on this agent, two hours after meals. On the whole, I find *Calcareo* the most useful medicine. Phosphorus, Kali Carbonicum, and Sulphuric Acid also are recommended. I need hardly tell you that the favourite alkaline palliatives of the old school are quite inadmissible, except as a very rare temporary expedient.

Heartburn

is another troublesome symptom of indigestion ;—troublesome to bear, and troublesome to cure. When obviously connected with acidity, the treatment of that affection may be all that is required. Where no symptoms of excess of acid are present, Dr. Chambers suggests that heart-burn arises from hyperæsthesia of the gastric nerves. It would then be felt soon after a meal, and not, as in the other form, three or four hours later. The medicines from which I have derived most benefit in this affection are *Pulsatilla* and *Capsicum*,—the latter at the time of suffering, the former taken regularly. Dr. Drury recommends Ammonium Carbonicum.

Water-brash

is much more under control, but is proportionately rarely met with. I have seldom failed to remove it pretty rapidly with *Lycopodium* ; and, where this has not hit the mark, *Nux vomica* has succeeded. Bryonia, too, has water-brash so well marked in its pathogenesis (including the contractive pain at the lower end of the œsophagus so often seen in connection with it), that it must not be forgotten. I think that the “water-brash” of sour or foul-tasting fluid mentioned by Dr. Marston as curable by *Pulsatilla* is an eructation from the stomach rather than true water-brash.

Flatulence,

like acidity, may result from disengagement of gas from decomposing food, and so yield to the treatment called for by the primary disorder. It may also arise from a bad habit of swallowing much air with the food. But I cannot help thinking, with Dr. Inman, that the intestine has a property, when in a weakened state, of forming gaseous accumulations. Whence, otherwise, the tympanitis of peritonæal inflammation, where there is nothing but the paralysed state of the muscular fibre to account for it?

We have two excellent medicines for this trouble, *Carbo Vegetabilis* and *Lycopodium*. Both are suited to the general and intestinal adynamia usually present where excessive flatulence is complained of. The former I think preferable where the stomach and small intestines are the seat of distension, which often keeps the patient awake at night (as observed by Drs. Chambers and Bayes): the bowels are natural, or tend to diarrhœa. The flatulence calling for *Lycopodium* seems to be situated in the colon, and is nearly always accompanied by constipation.

The last of the diseases of the stomach of which I shall speak is

Vomiting.

I need not tell you that this is a very common symptom of organic disease of the stomach, of its neuroses, and of its dyspepsia. Nor need I remind

you how frequently it is sympathetic of mischief elsewhere,—of disease of brain, ears, heart, lungs, or kidneys, of abdominal tumours, even of the presence of the gravid uterus. In all these cases the main treatment must be addressed to the primary diseases, of which I have spoken or shall speak in this place. But even in disease elsewhere, especially when chronic, you will often want a medicine for the vomiting itself: and this I think you will find in *Kreasote*. We owe the settlement of the distinctive place of this medicine to Dr. Hilbers; and it is no inconsiderable debt.

The other grand remedy for vomiting is *Ipecacuanha*. You will remember the indications for its use we arrived at when upon Pharmacodynamics,—the presence of a moderate mucous irritation causing, by reflex excitation, disproportionate muscular expulsive action in the part. This we constantly have in gastric cases: and wherever in these vomiting is a prominent symptom, you must think of *Ipecacuanha*.

The vomiting of sea-sickness is not greatly under control of medicine given at the time, though I, in common with others, have derived considerable benefit from *Petroleum*. *Cocculus*, however, has been found so beneficial in checking the tendency to the same kind of sickness which affects some people from riding in a carriage, that it might fairly be tried as a prophylactic here.

Hæmatemesis,

whether signifying ulcer or cancer, or portal con-

gestion, must be stopped at once. *Ipecacuanha* is very good here also ; so is *Hamamelis*. I generally give the two in rapid alternation. When you have checked the hæmorrhage for the time, then you can see about removing the cause. If the hæmorrhage be the result of mechanical injury, you will of course give *Arnica*.

The power our medicines have over hæmorrhage is curious, but it is undoubted. Although quite prepared to use the hæmostatics of the old school in case of need, just as I should put a ligature around a superficial artery which had been wounded, yet I have never had occasion to resort to them. This is a point on which a beginner naturally needs encouragement, and I am glad to be able to give it you.

LETTER XXVI.

DISEASES OF THE DIGESTIVE ORGANS (*continued*).

WHEN passing from the throat to the stomach, I ought to have noticed some œsophageal disorders which our medicine may sometimes relieve. There is a case of œsophagitis in Dr. Hale's 'New Remedies,' *sub voce* Gelseminum, and apparently induced by that drug. Phosphorus was here the curative remedy, after Arsenicum had failed. In spasmodic stricture of the œsophagus I should recommend Ignatia and Naja.

I must now treat of the diseases of the *intestines*. And first, of

Enteritis.

By this name I mean an inflammation beginning in the intestinal mucous membrane: and either limited thereto, or involving also the other coats of the bowel. This gives us one division of the subject, viz. muco-enteritis and enteritis. Then again the affection takes a special form according to the portion of the tract affected, and so we have to distinguish for treatment duodenitis, typhlitis, colitis, and proctitis. I will endeavour to give you some therapeutic hints as to each of these.

1. *Muco-enteritis* has for its two most common forms "inflammatory diarrhœa" and the "gastric remittent fever" of young children. Both these will be considered in their proper place. I have here to speak only of muco-enteritis as it occurs in adults, usually in a chronic form,* generally associated with gastritis, and evidenced by the pathognomonic "beefy" tongue. It is not a hopeful disease. *Arsenicum* will do more for it than anything: then come *Mercurius Corrosivus* and *Oxalic Acid*. I think, also, that you will do well to call hydropathy to your aid, in the form of a continual abdominal compress.

2. True *enteritis*, distinguished from muco-enteritis by its severe peritonitis-like pain and its constipation, would be admirably met by *Mercurius Corrosivus* or *Colocynth* if in the large intestine. The latter would be preferable to the former if there were much colic, and if the rectum were involved. *Aconite* might advantageously precede or be alternated with either. In true enteritis of the small intestine, however, I cannot indicate a remedy with precision. *Podophyllum* is the only poison which inflames the mucous membrane of this portion of the tract: and I have no evidence of its action reaching down to the peritoneum. I should trust to *Aconite*, given not higher than the 1st dec. dilution,

* A case of acute muco-gastritis and enteritis is recorded by Dr. MacLimont, in the 'Brit. Journ. of Hom.,' vol. xxi, p. 106. *Arsenicum* 2 rapidly removed the gastric symptoms; but left the enteric (at least those of the colon and rectum) untouched. *Mercurius corrosivus* also failed to influence these; but they soon yielded to *Colocynth* 1.

rather than to any other medicine. Of enteritis occurring in connexion with hernia, internal strangulation, obstruction, and intus-susception, I shall speak farther on.

3. *Duodenitis* usually comes before us as the basis of a form of dyspepsia, acute or chronic. In the former the catarrhal process is apt to extend along the biliary ducts, and to cause jaundice. Here *Podophyllum* will be found specific. Nor will it fail to help in chronic duodenitis, though I think you will even prefer *Arsenicum*. *Kali bichromicum*, which acts so specifically upon this part of the intestine, is most valuable in the "duodenal dyspepsia" of authors, where its bitter taste of food, thickly-coated, whitey-brown tongue, and pale stools are present.*

4. *Typhlitis* is the term, more correct than self-luminous, by which we must designate inflammation of the cæcum. There is an acute case of this disease, by Dr. Black, cured by *Lachesis* 6, in the 5th vol. of the 'Brit. Journ. of Hom. ;' a chronic case by the same physician, in the 9th vol., cured

* It is not my province in these pages to speak of diet; but I must mention here the obvious indication in duodenal disorder of giving the part rest by making the food mainly animal, so that the stomach may deal with it. In a case of this kind occurring in a cobbler (45. ? from the pressure of his last), his (allœopathic) attendant had kept him for eleven weeks almost entirely upon farinaceous diet. No improvement whatever ensued, and he came to see what Homœopathy could do for him. He got *Arsenicum*, 3rd dec., and was ordered an animal diet. The pain subsided in a few days; and the only return he had of it (I kept him under observation for three or four weeks) was after partaking of rabbit-pie, and eating the crust rather freely with the meat.

by *Arsenicum* 3 ; and a case of acute *paratyphlitis*, by Dr. Trinks, in the 22nd vol., which recovered under *Belladonna* in tolerably large doses. I think you can hardly do better than follow Dr. Black's guidance should you encounter this disease in your practice.

5. *Colitis* has been already mentioned under the head of enteritis of the large intestine, and will come again under notice in the form of dysentery.

6. *Proctitis*, also, will find its place in the latter category.

Intestinal Ulceration

also requires its medicinal treatment to be modified according to the portion of intestine affected. In the duodenum it is met with occasionally as a consequence of burns of the surface : and here *Kali bichromicum* will be truly homœopathic both to the seat and the character of the malady. The same medicine promises the best results in simple chronic ulceration of any part of the intestinal tract, as in some excellent cases communicated by Dr. Hilbers to Dr. Drysdale's article on the Bichromate in the 'Hahnemann Materia Medica.' In the ileum it constitutes the well-known lesion of typhoid fever : in both ileum and colon obtains to a large extent in both *phthisis pulmonalis* and *tabes mesenterica* : and in the colon accompanies the dysenteric process. Of all these in their place : here the only other form of intestinal ulceration for notice is that which attacks the rectum. I have met with it more than once, and have obtained the most gratifying results in its treatment from the higher dilutions of *Phosphorus*.

Cancer of the Intestine

is hardly likely to be reachable by medicinal specifics. We at least shall not aggravate our patient's sufferings by purgatives: and if Opium in full doses promotes, as Dr. Habershon's cases seem to shew, his well-being, we must not refuse him the benefit of it.

Intestinal Hæmorrhage,

when not resulting from ulcer or cancer, or occurring as a portion of purpura, is (I suppose) nature's rough way of relieving portal congestion. You will of course attend to the cause, which may be hepatic, splenic, pulmonary, or cardiac. The hæmorrhage itself, if in undue amount, may be stayed by *Ipecacuanha* or *Hamamelis*, as I have recommended for hæmatemesis.

Enterodynia,

vulgò, colic, or "spasm," is to the intestine what gastrodynia is to the stomach. It is rarely, however, neuralgic, at least to my thinking: but is seated in the muscular coat of the bowel, this being over-distended or fretted into spasm by flatulence. In acute attacks, the pain may be rapidly relieved by frequently repeated doses of *Colocynth*. This medicine is so generally effectual that I would recommend you to try it first (in not too low a dilution) in preference to any other.* But should it fail to give speedy relief

* A series of cases of colic treated by *Colocynth* is given in the appendix to Dr. Watzke's proving. Here is one of them:

there are other good remedies to be thought of,—as *Chamomilla* and *Cocculus* in nervous subjects, *Belladonna* where the transverse colon is so distended as to project like a pad, *Plumbum* where there is much constipation, *Colchicum* in gouty patients. One of the American indigenous plants, moreover, the *Dioscorea villosa*, bids fair to take a prominent place in the treatment of colic. Dr. Helmuth thinks it preferable to *Colocynth* where the pain is constant rather than paroxysmal.

A course of *Nux vomica* is often very useful in subduing the morbid irritability of bowel which leads to repeated attacks of colic.

In lead-colic, *Opium* seems not so much anodyne as specific, for it soon gives relief even in the potencies used in our school. Cases illustrative of this statement may be found in the ‘Brit. Journ. of Hom.,’ vol. iii, p. 213, and in the ‘Annals of the Brit. Hom. Society,’ vol. iv, p. 287. There is of course no reason why warm baths and enemata should not expedite your patient’s relief. Alumina and Platina also are recommended in lead-colic.

“Its effect was more rapid in the case of a young man, of weakly constitution, who, as he supposed, from catching cold, suffered such excruciating pains in the belly, that he thought he should go wild. He cried out constantly for help; he felt as if his intestines were being cut to pieces. Occasional intermissions were succeeded by more violent paroxysms. This had lasted the whole night. Bitter drops, the *Spiritus Hoffmanni*, and essence of caraway had no effect. Henning then gave half a drop of tincture of *Colocynth*, and in half an hour all pain was gone.”

LETTER XXVII.

DISEASES OF THE DIGESTIVE ORGANS (*continued*).

IN my present letter I shall speak of the morbid fluxes of the intestines under the heads of Diarrhœa, Dysentery, and Cholera. And first, of

Diarrhœa.

I have nothing to say here of this malady as it occurs in children, nor of its appearance as a complication of general disorders, as fevers, or as a symptom of intestinal disease, as ulceration. I shall confine my remarks to those cases in which diarrhœa, acute or chronic, comes before us for treatment as a substantive ailment.

In suggesting medicines for its various forms, I must guard you against supposing that I mean that these are the only, or even the best remedies you can use. No pathogenetic effect of drugs is more common than purging; and it is probable that every substance in nature which, by specific affinity, and not merely by local irritation, causes diarrhœa, has some corresponding variety of the idiopathic disorder for which it is a remedy better than any other. Indeed, you cannot do better than refresh your memory from time to time as to the characteristics of the action of your former friends, the

cathartics, if you would be thoroughly fitted to deal with diarrhœa. But in a work like this such minute detail is impossible. I can only tell you what medicines myself and others have found most useful in the leading forms which the malady presents.

1. Unquestionably the most frequent cause of acute diarrhœa is elevation of the temperature. All through the summer we are being called upon to treat it. In my own experience the history of the malady and of its treatment has been in most years as follows. In June and July there has been a simple increase in the fluidity, frequency, and quantity of the stools, with griping pains more or less severe in the abdomen. The medicine I have found specific for such a diarrhœa has been *China*, in the 1st dilution. Giving a drop or two at once, and repeating the dose after each relaxed motion, it is rare that more than two or three administrations are requisite. The pain yields almost immediately. Sometimes the stools are more watery, and expelled with more violence, but with less griping: and the whole attack is ushered in by a sudden attack of vomiting. Here *Veratrum* acts even better than *China*. As we get into August and September, vomiting and purging go together throughout the attack, and the cjecta are largely admixed with bile. This is the diarrhœa which in its severer forms is known as "English cholera." I believe its specific remedy to be the *Iris versicolor*, which I give in drop doses of the 1st dilution every hour or so.

I have been obliged to put my own experience in summer diarrhœa prominently forward, as it is

too common a disorder for cases of it to appear in print. So far as I know of the practice of my colleagues, however, China and Veratrum are with them as with me its leading remedies. And Dr. Lade, of King's Lynn, has published ('Monthly Hom. Review,' Jan. 1866) results similar to those I have myself obtained with Iris in English cholera.

2. Acute diarrhœa from improper food is of course but a further manifestation of acute dyspepsia, and requires the same treatment, of which temporary starvation is an essential element.

3. Diarrhœa from noxious effluvia is probably salutary, and at any rate requires no other treatment than the *Baptisia* you will give to prevent or remove any other results in the system at large.

4. Inflammatory diarrhœa is a kind of intestinal coryza, and is a step in the advance from simple diarrhœa to muco-enteritis and dysentery. *Aconite*, and perhaps *Dulcamara*, are its remedies;—the latter especially when it occurs in damp weather.

5. Chronic diarrhœa is generally a symptom of some deeper mischief, intestinal or general. But cases do occur which are diarrhœa and no more. Of this nature is the "white flux" of the Indian, and the "camp diarrhœa" of the European and American soldier,—the result of continued bad diet, exposure, and foetid exhalations. I cannot say whether improved hygienic conditions are as indispensable as they are desirable for these patients. I can only tell you that you will find *Arsenicum* a most valuable medicine for them. A friend of mine in the Peninsular and Oriental Company's service had several opportunities of treating soldiers

invalided for chronic diarrhœa with this medicine: and he tells me that one of his colleagues said to him "Well: I know nothing of Homœopathy, but I certainly believe in Arsenic for chronic diarrhœa."

Another form of chronic diarrhœa is the so-called "lientery," in which the food passes away by stool little if at all digested. *Ferrum* has some claim to be considered specific here. *Teste* recommends Arsenicum, China, and Oleander. I have only seen two cases of the disease. Both were in children: and both got well under *China*.

The last variety of this trouble I shall mention is the chronic diarrhœa which is often associated with nervous debility. *Phosphorus* and *Phosphoric Acid*, the latter especially, will be found valuable medicines for it.

Dysentery.

It seems very doubtful whether true dysentery is ever seen in its acute stage in this country, save under exceptional circumstances, as in the Millbank prison epidemic of 1847. By true dysentery, I mean a specific febrile disease, caused by malarious emanations, and having the same relation to the solitary glands of the large intestine as typhoid fever has to the agminated glands of the small. The nearest approaches to the disease we have in England are 1st. Dysenteric diarrhœa, where a flux primarily fœcal becomes sanguineo-mucous, attended with tormina and tenesmus. 2nd. Muco-enteritis of the colon and rectum. In both these conditions

Mercurius corrosivus, with or without *Aconite*, is ordinarily the specific remedy. It is sometimes useful to alternate it with *Colocynth* or *Arnica* if the tormina be very severe, or with *Ipecacuanha* or *Aloes** if there be great tenesmus. If the mischief is from the first confined to the rectum, *Podophyllin* may be a better medicine than any: it certainly is so with children. If you see the case only when it is far advanced, and the prostration is extreme, *Arsenicum* must first be prescribed.

Now although we have as yet no Indian homœopathic experience on record, I see no reason why the same remedies should not be found effectual in the true dysentery which there occurs. The post-mortem appearances after poisoning by Corrosive sublimate are precisely those of the idiopathic disease, and are similarly confined to the large intestine. In the "sthenic" form described by Dr. Maclean, *Aconite* would undoubtedly be required; and where the symptoms intermit and return periodically, it seems that *Quinine* must be given as in simple ague. In the malignant (typhoid) form I should depend upon *Arsenicum*.

In America, whose dysentery is probably mid-way between ours and that of the tropics, they report very satisfactory results from treatment, especially with *Mercurius corrosivus* and *Arnica*.

Chronic dysentery not unfrequently comes before us for treatment, especially in returned Anglo-Indians. A capital case is reported in vol. i of the 'Annals,' p. 266. *Mercurius corrosivus*, followed

* *Aloes* has been found to relieve a troublesome tenesmus left behind after such an attack.

up by *Nux vomica* and ultimately Phosphoric Acid, were the curative medicines, all in medium dilutions. Cod-liver oil also was given,—the emaciation being great: and milk only allowed for food. My own experience has been similar as regards *Mercurius corrosivus* and *Nux vomica*. I would add *Nitric Acid* to the list of remedies. “The dysenteric process offers the greatest analogy to the corrosion of the mucous membrane produced by a caustic acid” (Rokitansky).

Cholera.

The history of the Homœopathic treatment of Asiatic Cholera is one of the brightest pages in our records. From Russia and Germany in 1831-2, from Liverpool and Edinburgh in 1849, from Barbadoes and the Golden Square Hospital in London in 1854, and again from Liverpool in 1866, we have abundant evidence of the comparative value of our method in the treatment of this terrible scourge. Let me indicate before I go any farther where you can find the narratives which bear out this statement.

For the epidemic of 1831-2 our main source of information is Dr. Quin’s *Traitement Homœopathique du Cholera*. I fear this is now out of print; but several of its statistical results are given by Dr. Black in his paper on the “Homœopathic Treatment of Asiatic Cholera” in the 1st vol. of the ‘*Brit. Journ. of Homœopathy*.’ The epidemic of 1818-9 was carefully observed by Dr. Russell in Edinburgh, and by Dr. Drysdale in Liverpool, both

of whom had large opportunities of treating the disease. Dr. Russell has given his narrative in the 7th and Dr. Drysdale in the 8th volume of the 'British Journal':—the former having subsequently expanded his remarks into a 'Treatise on Epidemic Cholera.' Headland, 1849. The results obtained in London and (by Dr. Goding and others) in Barbadoes in 1854 are narrated by Dr. Russell in his Lecture 'On Cholera. An Historical Sketch, with a Practical Application,' published in vol. iv of the 'Annals,' p. 252, and in vol. xiii of the 'British Journal.' The experience gained in Liverpool in the last epidemic has been put on record by Mr. P. Proctor in vol. xxv of the Journal: and estimates of our present knowledge on the subject by Dr. Ker and by myself will be found in vol. xxiv, pp. 111 and 477. The American experience up to 1853 is gathered up by Dr. Joslin in his 'Homœopathic Treatment of Cholera,' &c. (Walker, 1863.)

You will be especially interested, as you read these papers, to observe the substantial identity of the treatment pursued in every epidemic and in every country. Hahnemann, before he had seen a single case of the disease, indicated Camphor as its specific antidote, suggesting also Veratrum and Cuprum as likely to be beneficial. To these later experience, more especially in Great Britain, had added Arsenicum: and beyond these four medicines it is rarely necessary or desirable to go. Let me endeavour to lay down their distinctive spheres of action.

Camphor is, in the words of Dr. Russell, "an almost infallible remedy for cholera, if given at the

very outset of the attack." "There is the most perfect unanimity among all Homœopathic practitioners," as he truly says, "as to the efficacy of Camphor in curing the first stage of cholera." The experience of the two later epidemics has abundantly evidenced and confirmed this unanimity. Indeed Dr. Rubini of Naples has urged us to rely more exclusively upon Camphor in our treatment,—to give it in full doses and frequent repetition in all forms and stages of the disease. He supports his recommendation by alleging success of the most unique character, some 592 cases having been treated by this method without a single death. One is of course disposed to think at the first blush that very few of these cases could have been real cholera. But if you will read the details of his experience, as given by Dr. Bayes in the 'Monthly Hom. Review' for June 1866, you will hardly assent to such a conclusion. In opposition to his results stand those of Mr. Proctor, obtained in Liverpool in 1866. He used Dr. Rubini's stronger solution: but says that though it was "invaluable in the initial shock to the system when the chill, the prostration, and giddiness set in, and also for the abdominal spasms at the same early period of the attack; yet when vomiting and purging supervene it is of little or no use." There I must leave the question.

Veratrum album stands next to Camphor in the certainty of its action in cholera, when restricted to its proper sphere. This is, by general consent, the cases marked by profuse vomiting and purging, without that sudden deadly collapse which, as we shall see, indicates Arsenicum. It will sometimes suffice

alone to control the cramps: but Cuprum is often given with advantage in alternation with it for this purpose.

Cuprum is confessedly the best remedy for the choleraic cramps, and Mr. Proctor says also for the vomiting. He adds, "In the stage of collapse I gradually found myself trusting mainly to Cuprum, and the impression is very strong on my mind that in collapse it is the most reliable of our remedies. It appears to go deeper into the organism, and to fasten upon the disease with a quieter but a firmer and more tenacious grip." This, however, is not the general experience;—the most trusted remedy in collapse being—

Arsenicum. Dr. Drysdale and Dr. Russell concur in regarding this remedy as the greatest we have when the period for the administration of Camphor is past, and when the danger is less from the discharges than from the general depression of vitality. You will remember what I said upon this point when speaking of Arsenic:—that in its relation to the essential disease, with its collapse, cramps, and suppression of urine, and not to the vomiting and purging, stood its homœopathicity to cholera. But upon collapse I must add a few words from what I have written elsewhere.

"Arsenicum is the medicine generally prescribed in those terrible cases where collapse comes on very rapidly, with little or no premonitory illness, and unattended by copious evacuations. But again we must say that a mortality of 26 per cent., good as it is comparatively, means that we must seek for better remedies still. We would suggest that *Aconite*

is the right medicine here. The spheres of Aconite and Arsenic, though so widely different, intersect and overlap each other in one spot ; and the picture here presented closely corresponds with that of simple choleraic collapse. Let a few cases of acute poisoning by Aconite be read with this thought in the mind, and the resemblance will seem striking. We have the intense chill, even the cold tongue ; the blueness ; the difficult respiration ; the almost imperceptible pulse ; the cramps and tendency to tetanus. After death the arterial system is found empty and the venous full. And if, as far as homœopathicity goes, our choice between Aconite and Arsenic is balanced, the greater rapidity of the action of the former medicine must turn the scale.

“This is not the first time that Aconite has been recommended for cholera. A French physician has lately communicated twelve cases cured by this remedy alone in drop doses of the mother-tincture. But we desire to call attention to its claims on our notice as one of the most hopeful directions in which to look for the perfecting of our treatment of this deadly malady.” (‘Brit. Journ. of Hom.,’ vol. xxiv, p. 491.)

Of these medicines, Camphor is always administered in the primary solution : but Arsenic, Veratrum, and Cuprum have been given in the highest (30th) as well as the lowest potencies, and with success in either case. Arsenic has been given by Dr. Drysdale in cholera in the form of Arseniuretted Hydrogen. The directions for the preparation of this gas may be found in vol. vii of the ‘British Journal,’ p. 559.

I must add that Mr. Proctor found *Phosphorus*

of great use in arresting the drain of brownish fluid from the bowels after the other symptoms were removed. The same medicine, and *Phosphoric Acid*, have gained much repute in choleraic diarrhœa: though I should have more reliance upon Camphor and Veratrum.

LETTER XXVIII.

DISEASES OF THE DIGESTIVE ORGANS (*continued*).

FROM Diarrhœa and its congeners I pass to the opposite condition of the bowels, and in the present letter shall discuss Constipation and some of its offshoots.

The way in which we behave towards constipation, and in regard to the action of the bowels generally, affords one of the most obvious points of difference between the new school and the old. Purgation by various means constitutes at least one half of the ordinary practice of physic: and “aperient medicines” form the staple alike of the apothecary’s stock of trade and of the family medicine chest. Conceive, then, the revolution which ensues when Homœopathy is adopted, whether by physician or patient. With fear and trembling at first the treatment of cases is conducted without the customary “unloading of the bowels.” But as time goes on we come to see that our patients do all the better without having an artificial diarrhœa added to their other troubles. We find that daily defæcation is by no means an essential of health; that the bowels are a part of the whole organism; that this inaction, if obviously morbid and injurious, is a disease requiring specific treatment, and not an obstruction to be overcome by temporary expedients. Instead of

“clearing out the alimentary canal” with drugs which act like brooms and shovels, we become convinced that Nature is her own scavenger. Remove the morbid condition which hampers the intestinal action, and the bowels will act of themselves. See how it is in acute febrile disorders. The constipation which obtains here is of the same nature as the anorexia on the one hand, and the scanty secretion of urine on the other. You would not dream of whipping up the appetite by bitters, or stimulating the kidneys by diuretics. You know that both the gastric and the renal inaction depend upon the fever, and will depart with it. You have only to apply the same principle to the bowels. If you will just leave them alone, and apply yourself to the fever, they will give you no trouble. Three, ten, fourteen days may pass before they act, but no inconvenience will result: and at last they will be opened as naturally as though they had been so the day before. As it is with fevers, so it is with other diseases, both acute and chronic. The constipation is but one element in the whole morbid condition. It should be taken into account, often into special account. It may guide us to medicines like Sulphur, Nux vomica, and Lycopodium in preference to Calcareo, Pulsatilla, and Carbo. But it would be unscientific to go out of our way to treat it independently,—still more so to do so with purgatives. In chronic disease accompanied with constipation the bowels will often begin to act regularly under a medicine having no special relation to the intestines, but which is influencing the whole organism for good.

I am not denying that constipation, both acute

and chronic, may come before us as a substantive and primary intestinal disorder. Indeed, it is my object in this letter to tell you how to treat it when so occurring. Without further preface, then, we will proceed to our subject.

Constipation in its acute form may be said to be present when the bowels become temporarily inactive in consequence of a sudden change from active to sedentary habits, as at the beginning of a sea-voyage, or of the confinement necessitated by a fracture or other accident; also sometimes from change of air, and (in women) from marriage. But this is no disease, generally rights itself, and hardly calls for specific medication. You may give your Nux or Opium if you like: or, if inconvenience is caused, you may let the patient use an enema, or take a seidlitz powder or a dose of castor oil. The temporary trouble is removed by temporary means; and then all will go on as before. But the true disease in which acute constipation occurs as a substantive malady is

Intestinal Obstruction,

the ileus or *passio iliaca* of the old writers. I need not remind you how large an addition to our power of diagnosing this malady has been made by the researches of the late Dr. Brinton. Nor can we do better than follow his guidance in the management of these cases as regards the limitation of the ingesta and the maintenance of rest. We need not, but we are glad to agree with, his injunctions to refrain from purgative medicines. And the use of enemata, of insufflation, of electro-magnetism, and of surgical procedures is

common ground between us ; the only difference being that the medicinal remedies we possess make us to a large extent independent of these aids.

For practical purposes, the important diagnosis is between cases of simple obstruction and cases of strangulation, the latter of course including intussusception. That simple obstruction, without special tendency to inflammation, may exist, is I think abundantly evident if we look over any collection of cases of this kind. It has its parallel in incarcerated hernia. If fæcal accumulation can be detected, the explanation is evident ; and not less so the indications for treatment. *Opium* is the medicine called for, as sluggishness of the peristaltic action must have preceded the accumulation : and enemata, manipulation, and electro-magnetism are available auxiliaries. Where no such mechanical obstacle exists, I take it that partial spasm or paralysis is at the bottom of these cases. I commend to you here the steady use of *Plumbum*. It has hardly been given with the confidence it merits : but it has played an important part in the treatment of several cases of intestinal obstruction (see ‘Brit. Journ. of Hom.,’ vol. xvi, p. 76, and ‘Monthly Hom. Rev.,’ vol. ii, p. 66). As to its perfect homœopathicity I need say nothing.

When the symptoms of obstruction are attended with those of local inflammation, we have to fear intussusception in the child, internal strangulation (more commonly) in the adult. In the former case, the Hippocratic inflation of the intestines with air seems the most reasonable mechanical remedy for the mechanical disturbance : while *Nux vomica* and *Aconite* may

help to correct irregular and excessive peristalsis, and to obviate inflammation. Was Dr. Morgan's case, in which these remedies proved curative, an instance of this form of obstruction in the adult (see 'Monthly Hom. Review,' Feb. 1865)? If internal strangulation, as by bands, adhesions, &c., external to the intestine, be satisfactorily diagnosed, I can suggest no better medicines, but I could not hope much from their action. If I were myself the sufferer, I do not think I should hesitate to have my abdomen opened with a view to having the strangulation relieved. The chances of recovery from the operation would be materially enhanced by our possession of such remedies as *Aconite*, *Arnica*, *Belladonna*, and *Mercurius corrosivus* to obviate its evil consequences.

It is obvious that if our medicines can give this help in intestinal obstruction, they should not be less serviceable in

Hernia.

I do not mean that they can cure a rupture of any standing: although such an accident in young children, having evident connexion with some constitutional fault, might not unfairly be expected to yield under treatment. But when the hernia becomes incarcerated or strangulated, you may do much by medicines to effect spontaneous reduction, or to turn a previous failure of the taxis into success. In incarceration, *Opium*; in strangulation, *Aconite*, *Belladonna*, and *Nux vomica* have been used with frequent success.

And now of

Chronic Constipation.

I need not dwell upon the hygienic and regiminal measures best adapted to obviate intestinal inaction. They will depend to a great extent upon its probable causation. But I can tell you of some capital medicines for it, out of which you will generally be able to select one which will materially improve your patient's condition.

As a rule, I would advise you to begin the treatment of chronic constipation with *Sulphur*. The bowels will generally improve immediately under its action: but curiously enough, if it be continued, they will almost as certainly relapse into their original condition. I never continue it longer than a week, and then either discontinue all medicine, or change to one of the remedies I shall now mention.

Nux vomica, *Bryonia*, *Opium*, *Plumbum*, *Lycopodium*, *Graphites*, and *Hydrastis* are the leading medicines which help against constipation. *Nux vomica* and *Bryonia* are good for the milder cases, when the head is affected by the state of the bowels. A distinction between the two is that with the former there is ineffectual urging to stool, with the latter complete torpor. *Opium* is suitable in torpid cases, with drowsiness: I have rarely used it. *Plumbum* is invaluable in the most obstinate cases: the presence of colicky pain and the coming away of the stools in hard balls are special indications for its use. In patients with much rigidity of fibre, *Aconite* helps *Plumbum* considerably: you may give one in the morning, and the other at night. *Lycopodium* is

good where much flatulence and other signs of impaired intestinal vitality co-exist with the constipation. *Graphites*, in the higher dilutions, seems to have been very successful in Dr. Epps' hands, especially where cutaneous and joint diseases were present: I have no experience with it. When there is no special indication present for these or other remedies, I can confidently recommend the *Hydrastis Canadensis*, in the 2nd and 3rd dec. dilutions.

I think you will rarely require to go beyond this list. But that I may omit no medicine which has been useful in constipation I will add *Æsculus*, *Collinsonia*, *Natrum Muriaticum*, *Sepia*, and *Veratrum*.

LETTER XXIX.

DISEASES OF THE DIGESTIVE ORGANS (*continued*).

IN the present letter I have first to speak of some troubles affecting the lower bowel,—hæmorrhoids, fissure, prolapsus, and fistula: then of intestinal worms: and last of the morbid conditions of the peritoneum.

Hæmorrhoids.

It cannot be too widely or too clearly known, that Homœopathy possesses medicines for piles which in the great majority of cases render unnecessary the knife, the ligature, or the application of nitric acid. If it had done nothing else for the art of healing, it might base on this alone its claims to the gratitude of mankind.

I distinguish three conditions under which piles may occur.

1. They may be the expression, in the primary radicles and lowest gravitating point of the abdominal venous system, of impeded circulation higher up. The obstruction may be portal, abdominal, or pelvic. In a paper in the 'Brit. Journ. of Hom.,' vol. xxv, p. 426, I have adduced reasons for believing that portal obstruction is not a frequent cause of hæmorrhoids. Where it is present, however, *Podo-*

phyllum or *Hepar Sulphuris* will be indicated, the latter especially where clay-coloured stools are present. More frequently, according to my experience, the delay of the venous current is on the hither side of the portal vein. This is the "abdominal plethora" of the old writers. The piles accompanying it are of the "blind" character: they bleed little, but are very annoying by their fulness. It is here that *Sulphur* and *Nux vomica* display their great anti-hæmorrhoidal virtues. They seem to act better conjointly (*i.e.* in alternation) than when either is given separately. Pelvic congestion is of course more common in women than in men. For hæmorrhoids thus arising the classical and truly homœopathic remedy is *Aloes*. But it has recently found a rival in one of the indigenous American medicines, the *Collinsonia Canadensis*. Both from the proving of this drug and from its therapeutic reputation it appears that congestive inertia of the lower bowel is the condition to which it is specifically related. In constipation and hæmorrhoids resulting from this cause—as in pregnancy—I myself prefer *Collinsonia* even to *Aloes*.

2. The most common of all causes of piles is, I think, constipation. It is rare that hæmorrhoidal sufferings are absent when this condition is of long continuance. These too are of the "blind" variety, and cause more pain than bleeding. The means whereby we remove the primary constipation are often sufficient to cure also the resulting hæmorrhoids. But in many cases the trouble is too inveterate to disappear with its exciting cause. Here, if *Sulphur* has not already been used in the treat-

ment of the constipation, it may be given with benefit: as it has a decided influence upon the rectum. But I have rarely seen Sulphur cure these cases. They find, I believe, their best remedy in the *Æsculus hippocastanum*. Dr. Hale has narrated several cases illustrating the action of this medicine in the article on it in the 2nd Ed. of his 'New Remedies.' I cannot resist citing here a case of my own from vol. xxiii of the 'British Journal.'

"I give the narrative in the patient's own words.

" 'I first began to suffer when thirteen years old' (she is now forty-eight). 'I fancy from being one of a great number of girls, with small accommodation, hence waiting and costiveness, the bowels only relieved once a week or so. I should say that constipation is hereditary on both sides. For a few years I was constantly taking medicine to relieve the bowels. The pain was nothing particular, and there was but a small protrusion. Matters grew worse from the age of twenty-five to that of thirty-four, when I was attacked with the first dreadful, very dreadful pain. I could not sit, stand, or lie, the only possible position was kneeling. This lasted for many weeks in the winter; in the summer it was, as always, better. For about two years the pain was bad off and on. I then used leeches, which eased the severe pain; but still it was bad. The next very severe attack was in 1862; it lasted for weeks, and returned again in 1863. The pain was like a knife sawing backwards and forwards, almost a martyrdom for agony. I took Belladonna, Pulsatilla, Aconite, and Mercurius, with no benefit; was recommended some stuff to apply, which relieved

a little. Again in 1861 things became very bad, much pain, the bowels always wanting to be relieved.'

"In the November of that year I was consulted by this lady. I prescribed *Æsculus*, in the 2nd centesimal dilution, three drops to be taken in a wineglassful of water morning and evening. Her report continues :

" 'I then took the *Æsculus*. At the end of one week I was a degree better, after another better still, and so on for a month. At the end of this time I was wonderfully better. The medicine seemed to relieve the bowels, and cause the protrusion to be soft. I left it off for a time, and when the pain returned again at all badly, took the medicine and became relieved. I have taken nearly a bottle (two drachms) since November, on and off. I only take it when I am bad, and cannot sleep for pain. The protrusion always remains. I feel so grateful to you for the advice and relief given me.'

"I wrote to recommend her to take the medicine regularly. She next reported 'I have now taken the *Æsculus* as before for another month, and may fairly call myself well. I have no pain, and the protrusion is nothing but a flabby piece of skin.'"

This was in 1865, and the following, dated Nov. 1868, completes the history.

"I had no return of them till February last, when I had a severe attack. I took *Æsculus* for a fortnight, and it did no good. You came for a few hours, and finding that the bowels were loose instead of confined, told me take *Hamamelis*. I did so, and was very soon well again. Since then I have

not suffered at all, and only a few pieces of skin hanging which cause no pain."

I recommend the *Æsculus*, also, in those cases where a few days' constipation will bring on hæmorrhoidal symptoms often of long duration. Two of such I have given at p. 485 of the same volume of the Journal. One of them is worth citing here.

"Mrs. F—, æt. 60, was years ago a martyr to hæmorrhoids. Each attack would last from six to ten months, during which time she could rarely leave the recumbent posture. Since adopting homœopathy, the bowels had acted with much greater regularity, and the hæmorrhoidal attacks had been absent. On May 22nd, 1865, I was called to see her. I found her in bed, suffering intensely from several large piles, which seemed quite to block up the rectum. The bowels had been confined for several days in the preceding week; and on the 20th the old hæmorrhoidal symptoms had supervened, and were increasing in intensity. There was little or no bleeding. She anticipated many weeks of suffering. I gave her a drop of *Æsculus* 3 every four hours. Next morning there was improvement rather than the reverse. On the 24th she was decidedly better. She said 'Are you giving me an aperient? the bowels are acting so comfortably.' On the 25th she was well and about the house; and I took my leave."

3. Lastly, hæmorrhoids may be idiopathic. Without portal, abdominal, or pelvic congestion, and without constipation, piles may be present. I believe this form of hæmorrhoids to be a true varicosis: and it is sometimes associated with the same morbid con-

dition of the veins elsewhere. These are the "bleeding piles" of the popular phraseology: and the amount of blood lost at each evacuation is often very considerable. We have one grand remedy for them, and that is *Hamamelis*. I have now in my mind at least half-a-dozen cases in which this medicine has proved curative. It would be useless to detail them, as they tell but one story. Hæmorrhage, more or less profuse, occurring with every evacuation for months or years, with other symptoms of piles: and rapid improvement and complete cure under the use of *Hamamelis*, generally in the 2nd centesimal dilution. I do not remember a case in which it failed.

I have only to add that when the piles become much inflamed *Aconite* is indispensable: and when they project externally may be applied locally with benefit.

Fissure of the Anus.

This is another local trouble which Homœopathy has found means of reaching through the constitution. It has several times been cured without operation by our medicines. There is a case by Hahnemann himself in vol. vii of the 'British Journal' (p. 496), and several by Dr. Perry of Paris and one of the Editors in vol. viii, p. 560. In all these *Nitric Acid* was the curative remedy, in high dilutions. *Ignatia* also was of service. I must add the following case of my own, which seems to have been one of fissure.

"Miss W—, æt. 40, consulted me Sept. 26th, 1865.

She had been suffering for two months with hæmorrhage and pain after stool. The bowels were moved every other morning; the bleeding was considerable and the pain intense; gradually subsiding afterwards, but not leaving her until evening. She felt much weakened, and was beginning to suffer from neuralgic pain in the face.

“Regarding the hæmorrhage as the more important symptom, I prescribed *Hamamelis* 2, a drop three times a day.

“Sept. 30th. The bowels had been twice moved without any bleeding, but the pain was as intense as ever. *Æsculus* 2, a drop three times a day.

“Oct. 3rd. The last evacuation was painless, as well as bloodless. Continue.

“7th. No pain or bleeding since. The neuralgia troublesome. *Arsenicum* 6, twice a day.

“14th. The neuralgia much better, and no pain after stool, but some return of bleeding. *Hamamelis* 2, twice daily.

“21st. No bleeding since the 16th; much better and stronger. Omit.”

I saw this lady again last year (1867), and found that she had had no return of her troubles.

Dr. Bayes has cured two cases of anal fissure by the local application of powdered *Hydrastis*, gr. x to ʒss—ʒj of lard. (See ‘Annals,’ vol. iii, p. 499.)

Prolapsus Ani

is cured with little difficulty in children: but it is a difficult matter to overcome in adults. There

is a case in the 5th vol. of the 'British Journal,' in which *Arnica* in mother-tincture seems to have been curative.

Fistula in ano

you would hardly expect to be reached by internal remedies : and I am not confident that it would be so cured without local applications also. But with the *Calendula* and *Hydrastis* of our own Materia Medica thus applied, we have several cases to report. There is one by Dr. Eadon in the 'Monthly Hom. Review' for June 1865, in which *Calcarea phosphorica*, with injections of *Calendula* lotion and the steam-douche proved curative : another by Mr. Clifton in the same Journal for July 1860, *Causticum*, with *Calendula*, being the remedies : and a third from America in the 'British Journal' for Oct. 1868, where *Nux* and *Sulphur* were given with injections of *Hydrastin*.

Worms.

In recommending specific remedies for the various kinds of helminthiasis, I must not be supposed to doubt the parasitic nature of worms, or to adhere to the exploded theory that they are products of the morbid intestine. I make no question but that it is very good practice to expel the tape-worm with oil of male fern and the round worm with material doses of *Santonine*, and to exterminate thread-worms by injections of quassia, salt, iron, sulphuric ether, &c. I should have no hesitation in using such

measures did I find it necessary. But, explain it how we may, there is no doubt but that homœopathic remedies, given in the usual way, have a singular power of abolishing the morbid symptoms produced by worms, and often of effecting their expulsion. Thus, in cases of tape-worm, drop-doses, frequently repeated, of the *Filix Mas*, of *Mercurius corrosivus*, or of *Cuprum aceticum* will often free the patient entirely from all worm symptoms, even though joints continue to pass away by stool. The same may be said of *Cina* and *Santonine* where lumbrici are present: and here a cure may often be effected by the expulsion of the worms. *Ascarides* offer more resistance to treatment. *Cina* and *Santonine* are good here also;* but my favourite remedy is *Teucrium*, in the 1st dec. dilution. Under its use quantities of worms are usually expelled: and all morbid symptoms disappear. In obstinate cases, I have found the course of medicine recommended by Teste very efficacious; viz. *Lycopodium* 30 for two days, *Veratrum* 12 for four days, and *Ipecacuanha* 6 for a week. I have tried his *Stannum* and *Viola odorata* for lumbrici without perceiving any benefit.

I must not leave the intestines without noticing the morbid conditions of the *peritoneum*. And first, of

Peritonitis.

I do not speak here of the acute puerperal, or of the chronic tubercular form of this malady. The

* See Dr. Hamilton's case in the 'Brit. Journ. of Hom.,' vol. xiii, p. 254.

former belongs to the disorders incident to pregnancy &c.: the latter to the diseases of childhood. Simple acute peritonitis, as excited by cold or mechanical injury, or by extension from the intestines, is very satisfactorily controlled by *Bryonia* or *Mercurius corrosivus*, especially the latter. *Aconite* is generally required in alternation. Whether these medicines would prove sufficient when peritonitis was lighted up by extravasation of the gastrointestinal contents is a question. I have not met with such a case, nor do I know of any on record. In the most severe case I have seen the mischief was set up by mesenteric tubercle; it was the analogue of the intercurrent pleurisy of phthisis. The patient rapidly recovered under *Aconite* and *Mercurius corrosivus*.

Ascites.

There is an article on this disease in the 'Brit. Journ. of Hom.,' vol. xix, p. 636. You will see that it has pretty frequently been cured by Homœopathic treatment. Of the medicines used *Arsenicum*, *Apis*, *Apocynum*, and *China* seem to have been most efficient. When depending on cirrhosis of the liver, the treatment for the primary disease is of chief importance. Nor indeed is ascites ever of individual importance, *quà* peritoneum: save in chronic (tubercular) peritonitis, of which I shall speak among the Diseases of Children. It will thus come under our notice in several other places in these letters.

LETTER XXX.

DISEASES OF THE DIGESTIVE ORGANS (*continued*).

I HAVE now remaining only the glands subsidiary to the digestive process. Of these the salivary glands have already come under our notice : and in the present letter, after saying a few words upon the pancreas, I shall devote myself to the diseases of the liver.

Of the diseases of the *pancreas* the only one I can specify is simple inflammation of its substance,

Pancreatitis.

Rademacher has described this disease as occurring in both an acute and a chronic form : and states that its "organ-remedy" is *Iodine*. There is no doubt but that this medicine is homœopathically indicated here, as also are *Mercurius* and *Iris*.

It would seem, moreover, that we must look to the pancreas in cases of diarrhœa adiposa : where probably *Iodine* would also be of service. Dr. Horace Dobell's views, moreover, as to the part played by the pancreas in the development of phthisis are worthy of consideration : and confirm the indications, already strong, for *Iodine* in the latter complaint. For cancer of the pancreas I have no suggestion to offer.

The diseases of the *liver* constitute a wide field for study, and present many difficulties in the way of classification. I think I shall best present the therapeutics of the subject to you if I consider hepatic maladies under the headings of congestions, inflammations, and degenerations, ending with jaundice and gall-stones.

Hepatic Congestion.

The treatment of this affection will necessarily vary according to the forms under which it presents itself. These are at least three in number.

1. There is the excited state of the liver which shows itself in increased secretion of bile, familiar to those who practise in warm climates, and not unknown to us after a hot summer. I have already spoken of this among the forms of diarrhœa, and indicated *Iris* as its specific remedy. When the "bilious" symptoms are more pronounced, and patient and physician concur in talking of an "overflow of bile" (polycholia of Frerichs), *Podophyllin* is better still; but I think that a dose of *Aconite* may be premised with advantage.

2. A more common variety of hepatic congestion is the passive or venous form. The engorgement may be seated either in the hepatic vein, as from valvular disease of the heart: or in the portal vein, from the habits which induce abdominal plethora. In the former case, the liver can hardly be aided by specific remedies, and the cause must receive our chief attention. In the latter, *Sulphur* is a remedy of great value, supposing that the patient will modify

in the right direction his way of life. *Hepar sulphuris* is highly commended by Dr. Bayes, especially when hæmorrhoids result: and Mr. Pope gives the place next Sulphur to *Lycopodium*.

3. In neither of those forms of congestion is there any tendency to inflammation. But there is a congestion of the liver which is obviously sub-inflammatory. Here *Bryonia* and *Mercurius solubilis* are our best remedies; and I think that this is one of those instances of "binary Homœopathy" in which the two in alternation act better than either singly.

Inflammation of the liver is described by Frerichs as circumscribed, tending to suppuration; or diffuse, going on either to softening and atrophy, or to cirrhotic induration. I shall limit the term hepatitis to the first of these; considering the two latter under the headings of acute atrophy and cirrhosis.

Hepatitis,

then, in its simple form, is rare in this country. In the only case I have seen, *Bryonia* and *Mercurius solubilis*, each in the 3rd dec. potency, rapidly removed the symptoms. I see no reason why the same medicines should not prove serviceable in the malady as met with in tropical climates. The former would correspond best where the surface, the latter where the parenchyma was most affected. For hepatic abscess they would be useful only when it threatens to supervene directly upon such inflammation. When, as I believe is most frequent, it is metastatic,—the result of morbid material conveyed along the portal vein, as from the intestinal ulcera-

tions of dysentery—I should expect more benefit from *Hepar sulphuris*. But I fear that such cases escape from the domain of Medicine into that of Surgery.

Acute Atrophy of the Liver,

as forming the pathological basis of the “malignant jaundice” of the old writers, has given rise to some of the most interesting investigations of recent Medicine. Is it not remarkable, moreover, that no sooner has it been distinctly recognised than its pathogenetic analogue appears in the shape of *Phosphorus*? The symptoms of acute poisoning by this drug are those of malignant jaundice, and we have Frerichs’ own authority for the statement that the pathological state induced is identical with that of the acute atrophy he has so well studied. I have gone much into this subject in my letter on Phosphorus: at present I have only to mention the medicine as a promising, and indeed the only promising remedy for this disease.

Cirrhosis of the Liver.

I know of no recorded instance in Homœopathic literature in which this affection has been diagnosed and cured. In its earlier stages, while interstitial hepatitis only is present, I should expect benefit from the steady use of such medicines as *Mercury* and *Iodine*, or some of their salts or compounds. *Nitric Acid*, too, has a decided action upon the liver: and I have seen great benefit from its use in a case pre-

sumably of this nature. Its probable influence upon amyloid degeneration, moreover, would make it more applicable than Iodine or Mercury in advanced cirrhosis, in which this condition is often present, more especially in syphilitic subjects. Aitken's statement that "in nearly one-half of the cases fatty degenerations occur," should also lead us to *Phosphorus* in cases of long-standing. Of the ascites accompanying cirrhosis I have already spoken.

The degenerations of the liver which are of practical import are the fatty; the amyloid, waxy or lardaceous; the pigmentary; and the cancerous.

Fatty degeneration of the Liver,

if its possessor will abstain from following voluntarily the habits practised against their will by Strasburg geese, ought to be checked by a medicine so thoroughly homœopathic as *Phosphorus*.

Amyloid degeneration of the Liver.

The only case I know of in which a cure of this malady has occurred is one reported by Dr. G. Budd, in the Brit. Journ. of Hom. vol. xxi. 672. The remedy was *Nitric Acid*, in full doses. It has lately been urged that the waxy degeneration is the consequence of the drain of alkali from the system through the suppurations which nearly always accompany it. This is against the idea of any chemical virtue of the mineral acid; and suggests that its

specific action on the liver was that called into operation in the instance recorded.

Pigmentary degeneration of the Liver

appears to be the pathological condition present in the enlarged liver left behind by malarious fevers. The *Biniiodide of Mercury* bids fair to prove its specific remedy.

Cancer of the Liver.

Of this dire malady I have nothing to say as regards treatment; though I should keep my patient on *Hydrastis*, that no stone might be left unturned.

Jaundice.

I have gone rather fully into the pathology of this disease, and the medicines which claim homœopathic relationship with it, in an article in vol. xxii. of the Brit. Journ. of Homœopathy. The results may be summed up in the following recommendations.

1. When jaundice occurs as one of many symptoms pointing to disorder or disease of the liver, its presence can hardly modify the treatment already suggested. But very often it appears, especially in children, as the one and only symptom that anything is wrong with this organ. The German pathologists say that we have here a catarrh of the bile-ducts, causing obstruction and re-absorption of the secretion. *Mercurius*, *China*, *Digitalis*, and

Hepar sulphuris are the medicines in repute here ; I have never had occasion to give any but the first-named. When the obstruction arises from the impaction of a gall-stone, it is obvious that dynamic remedies have little room for action.

2. Where jaundice occurs as a complication of certain toxæmic disorders, as yellow fever, we have as our remedies *Arsenic*, *Phosphorus*, and the snake-poisons. I should rely upon *Phosphorus* in cases where hypochondriac pain and tenderness indicated the existence of diffuse inflammation of the liver ; upon the snake-poisons—especially *Crotalus*—where the jaundice sets in with great rapidity, as in yellow fever ; and upon *Arsenic* where the blood appears deeply disorganized, as in petechial types.

3. In jaundice from nervous excitement *Chamomilla* has considerable reputation. Remembering, however, that every now and then a jaundice thus arising (especially in pregnant females) is the beginning of an acute atrophy of the liver, we must be on the watch with our *Phosphorus* ; on which, in all cases of “malignant jaundice,” our only dependence can be placed.

Gall-stones

belong to the gall-bladder rather than to the liver : yet they must be considered here. To relieve the pain of their passage along the biliary ducts you might fairly use the ordinary palliatives ; but let me ask you first to try the effect of *Calcarea* 30. It is almost incredible what this medicine will do. Dr. Bayes concurs with me in confirming from

experience Dr. Drury's original recommendation of it. *Sulphur* will perhaps aid appropriate diet and hygiene in obviating the tendency to their formation.

You must have observed, while we have been upon the liver, that certain of our most highly-esteemed medicines have found no place in its therapeutics. Arsenic, Belladonna, Nux vomica, Pulsatilla have not been once named; while the first rank has been taken by Phosphorus, Mercury, Iodine, and Nitric Acid,—Bryonia, Podophyllum, and Hepar sulphuris following close in their train. This is an illustration of the first principle of specific therapeutics: the remedy must act, by elective affinity, upon the organ affected. The kind of affection, though very important, gives place to this.

LETTER XXXI.

DISEASES OF THE RESPIRATORY ORGANS.

FROM the alimentary canal and its associated glands we now pass to another great tract of mucous membrane, and proceed to consider the morbid states of the respiratory organs. The nose, as being the commencement of the true air-passages, will have its diseases treated of in this category: and we shall then go on to those of the larynx and trachea, the bronchial tubes, the lungs, and the pleura. I shall not, however, as in the alimentary canal, consider each region separately: as so many respiratory affections—e. g. influenza, hay-fever, broncho- and pleuro-pneumonia—involve more than one of these.

Nasitis.

The nose, like the eyelids and the ears, may be inflamed without as well as within: and the inflammation in the former case partakes of the character of erysipelas. When acute, *Belladonna* with or without *Aconite* will be necessary. But I have generally seen nasitis as a sub-acute and tardy inflammation, which has found its effectual remedy in *Sulphur*.

Internal nasal inflammation is nasal catarrh, or—

Coryza.

This is one of the minor but daily ills of humanity, for whose treatment the blunderbuss of ordinary medicine is worse than useless, but which the Homœopathic arms of precision often enable us to strike and conquer. It is everything to attack a "cold" while yet it is incipient. Here we have two potent weapons against it, *Camphor* and *Aconite*. The former I think (herein differing from Dr. Hayward *) is more generally useful. A few doses of it rapidly dissipate that chilly feeling which with most persons is the precursor of a cold in the head. *Aconite* is required in its stead when the chilliness is evidently the first stage of catarrhal fever, and the temperature is already rising. Such a cold is a true catarrhal fever: and *Aconite* is its remedy throughout. Sometimes, however, especially in old people, the symptoms resemble those of gastric fever, and here *Baptisia* is preferable.

When once established and localized, the cure of a cold is not an easy matter: but a good deal may be done to relieve its symptoms and to shorten its duration. In the "running cold" or fluent coryza *Mercurius*, in medium potencies, is the established remedy: but I have myself a special favour for *Euphrasia*, with which I have arrested many a catarrh of this kind. *Arsenicum*, *Kali bichromicum* and *hydriodicum* are also thoroughly homœopathic, and are sometimes preferentially indicated:—the first when there is prostration like that of

* On Taking Cold.

influenza, the second when a foul tongue indicates the involvement of the digestive mucous membrane, the third when the nose is red and swollen externally. For the "stuffy cold" I think *Nux vomica* the specific.

I must add that *Dulcamara* is a capital prophylactic against catarrh brought on by damp.

There are two special forms of nasal catarrh,—the one epidemic and (perhaps) specific, the other seasonal and idiosyncratic. These are Influenza and Hay-fever.

Influenza

is generally classed by nosologists after bronchitis, because the great epidemics of this malady have been characterized by bronchial as well as nasal catarrh. I do not, however, think bronchial complication of its essence; I take it that we have influenza present when a severe fluent coryza is accompanied by headache, pain in the limbs, and great prostration. If it be so, then I can state that *Arsenicum*—in about the 6th dilution—is the specific remedy: though I not unfrequently give a few alternate doses of *Eupatorium perfoliatum* when the bone pains are distressing. If I am wrong, and this morbid condition is to the true epidemic influenza what English is to Asiatic cholera, then I have nothing to say from experience. But on reading the description of the malady as given by Watson and Parkes I can see no medicine so truly homœopathic to it as this same *Arsenicum*. Of the bronchitis accompanying influenza I will speak when I come to that complaint itself.

Hay-fever

is a very troublesome complaint. *Arsenicum*, *Euphrasia*, and *Kali hydriodicum* are its most homœopathic remedies when it chiefly affects the nose and eyes: *Ipecacuanha* when it invades the chest ("hay-asthma"). But you will try these medicines with, I fear, little success. I have sometimes seen *Hydrocyanic Acid* give rapid relief to hay-asthma: but again it has totally failed. I know of no notice of its successful treatment in our literature: but from private sources I may mention that *Kali bichromicum* 30, *Silicca* 12, and *Taxus baccata* ϕ have been given with advantage.

Chronic or frequently-recurring catarrh develops, in unhealthy subjects, into

Ozæna.

This is another intractable disease. *Iodide of Mercury*, *Bichromate of Potash*, and *Aurum* have done most for it: but I must confess that I have never seen a case cured. The following, by one of our ablest recruits, Dr. Chalmers of Dumfriesshire, is a good illustration of the efficacy of *Aurum*. "A married lady, suffering from great general debility, loss of appetite, but chiefly complaining of heat and burning pain in the nostrils, with great pain over the frontal sinuses; obscure vision and pain in the eyes, which are much inflamed; there is a profuse discharge of sero-purulent matter, gluing the lids together; she has a copious discharge of yellowish-green pus from the nostrils, of

a very foetid odour, and she soils five or six handkerchiefs daily. All the lining membrane of the nose is red, much swollen, and has many small ulcerated points on it, especially along the septum on both sides; she cannot breathe through the nostrils.

"This state of matters has been going on for several months, during which she has had various local and general applications without relief, and she is now almost sick of existence from the discharge and smell, &c. I gave her Fowler's Arsenic in two drops, twice daily, which was continued through January, with no relief as far as the nose was concerned, but the eyes are much improved as well as the general health.

"Feb. 1st, 1867. Aurum met. 2, gr. 1 morning and evening.

"Feb. 14th. Is now considerably better in health, and the discharge from the eyes and nose is much diminished, especially so that from the former; from the latter there is still abundant foetid discharge; she eats better, and the pain in the frontal sinuses is removed.

"Continue Aurum, nightly.

"28th. Eyes are quite well, being free of redness or discharge; vision is quite well; discharge from the nose much diminished in quantity and is now pure pus, with little or no fœtor. She has a good appetite, and looks fresh and well, and has no complaint if the nose were but right.

"Continue Aurum every second night.

"March 14th. Still improving, and the discharge from nose almost gone; the redness, swelling, and

ulceration quite so, and she now breathes comfortably through the nostrils.

“Aurum every third night.

“She is now quite well, and has had no discharge from nostrils for a week past.” (Monthly Hom. Review, Sept. 1868.)

Epistaxis

is rarely sufficiently severe or obstinate to require medical treatment. When it is so, it is either the result of a blow, when *Arnica* is all that is required; or it is a local expression of a general hæmorrhagic tendency, in which case you will give *Hamamelis*; or it is (so to speak) an hæmoptysis higher up in the air-passages, which will find its remedy in *Millefolium*. In this, as in other hæmorrhages, if the circulation be excited, Aconite is indispensable: and if cerebral congestion be at the bottom of it, you will give Belladonna or Nuxvomica with advantage.

Polypus narium

deserves mention here, because it has not unfrequently been cured by the internal administration of Homœopathic remedies, especially *Calcarea* and *Teucrium*.* Thuja, also, should not be forgotten where there is any likelihood of the “sycotic” taint being present in the constitution.

From the nose we pass to the larynx.

* See ‘Brit. Journ. of Hom.,’ vol. xi, p. 484; ‘Monthly Hom. Review,’ vol. viii, p. 559.

Laryngitis

is not with us the dreaded disease it is under the old system. We do not say, as Aitken does, if inhalation, leeches, and fomentations fail, "tracheotomy ought not to be delayed." I will refer you to some cases in the Monthly Homœopathic Review for 1866 by Dr. Meyhoffer of Nice. You will see that we have some capital medicines in specific relation with the larynx and its inflammatory states. *Aconite* seems indispensable at the commencement, and is sometimes sufficient for the cure. *Spongia*, *Kali bichromicum*, *Bromine*, and *Hepar sulphuris* stand next in order of requirement. The first two have most experience in their favour. *Hepar* is most suitable when the cough has become loose, but hoarseness remains. Should œdema glottidis supervene, repeated doses of *Apis* would give the best chance of averting tracheotomy.

A more superficial form of laryngitis may be called "laryngeal catarrh." Under this title there is a good article by Dr. Kleinert in the 20th vol. of the British Journal. He seems to have had much experience among professional singers, who indeed in all places are found to resort in preference to Homœopathic advice. You will profit much by a perusal of his remarks and cases. *Causticum*, *Bromine*, and *Selenium*, with *Aconite*, in recent cases: and *Carbo Vegetabilis* (which is also a favourite at the Leopoldstadt Hospital) in those more chronic, appear to be his especial remedies.

Chronic laryngitis requires and repays assiduous treatment by the medicines already mentioned as

acting upon the larynx, viz. *Spongia*, *Kali bichromicum*, *Bromine* and *Hepar sulphuris*; and Dr. Wurmb's experience in the Leopoldstadt Hospital * would lead us to add to these *Carbo vegetabilis*. If the laryngoscope revealed the existence of ulceration, *Kali bichromicum* would deserve the preference: I hardly know the relative indications for the others. In syphilitic subjects *Iodine* itself would supersede *Spongia*; and *Mercury* (especially the Iodide) and *Nitric Acid* might be required, as in a case recorded by Dr. Meyhoffer in vol. xxiv of the *British Journal* (p. 360).

It is said, indeed, that chronic laryngitis is nearly always syphilitic or tuberculous,—in the latter case an extension from primary pulmonary mischief.† I have seen laryngeal symptoms supervening in the course of phthisis clear away very rapidly under the influence of *Spongia* (1st dil.).

You will weigh, also, the advantages of local medication in these cases, by applying your specific remedies in the form of spray. There is nothing in Homœopathy to contradict this mode of practice, whose range of usefulness, however, has yet to be determined.

Aphonia.

The laryngoscope has revealed numerous pathological conditions at the basis of this symptom. Of inflammation, acute and chronic, I have already

* See 'Brit. Journ. of Hom.,' vol. xxii, p. 347.

† See Dr. Austin Flint's 'Treatise on the Respiratory Organs,' 2nd ed., pp. 578-9.

spoken ; I must add that for recent catarrhal aphonia I know no remedy so good as *Causticum*. Dr. Meyhoffer extols the same medicine in affections of the voice induced by over-exertion, as in singers. Where polypi or other vegetations are discovered, *Thuja* and perhaps *Nitric Acid* may be given with advantage. When no material cause, or nothing but paralysis of one or both vocal chords can be discovered,—i. e., in “hysterical aphonia”—I should hardly expect any drug to supersede localized galvanism.

LETTER XXXII.

DISEASES OF THE RESPIRATORY ORGANS (*continued*).

THE only disease of the larynx remaining for our consideration is Laryngismus stridulus. With this, as a spasmodic affection, we should naturally connect Hooping-cough and Asthma. But the first two of this series are so characteristically children's diseases that I shall reserve them till I come to that division of my subject. Nor can I consider Asthma till I have devoted some attention to Bronchitis. With this important disease, therefore, I commence my present letter.

Bronchitis.

A paper on this disease, which I read before the British Homœopathic Society, will be found (with the discussion following it) in vol. v of the 'Annals,' p. 193. Of that paper my present remarks will contain the substance, though in a somewhat different arrangement.

I shall speak here of simple acute bronchitis, of capillary bronchitis, of toxæmic bronchitis, and of chronic bronchitis.

1. For simple acute bronchitis in the fairly healthy adult, it is rare that any medicine but *Aconite* is required, if the case be taken in time.

It must be remembered, however, that this medicine attacks inflammation through the blood-vessels, and not—like a specific irritant of the part—by influencing the inflamed tissue itself. It is only because in a catarrh like this the tissue is so lightly affected that I believe Aconite capable of breaking up the disease. But should the inflammation have thoroughly established itself, we cannot expect Aconite alone to cure it. Even here it is a most useful auxiliary ; and a few introductory or alternating doses will greatly help the specific irritant of the tissue to effect a cure.

Of the medicines falling under the latter category I shall speak of *Bryonia*, *Kali bichromicum*, and *Ipecacuanha*.

In our domestic treatises, *Bryonia* generally heads the list of bronchitic medicines. I think, however, that too extensive claims are made for it. It unquestionably produces inflammatory irritation of the trachea and largest bronchi, but there is no evidence that its influence goes farther than these. I have argued this point in my paper, and you will see from the discussion that my colleagues share in my dissatisfaction with its action in most cases of bronchitis. Good for the common “cold on the chest”—i.e. where the catarrh invades only the trachea and largest bronchi—it is of little use beyond.

In animals poisoned by *Kali bichromicum* it is noted that the bronchiæ were inflamed as far as their ramifications could be traced. My own experience with it is that, in most cases of simple bronchitis, if, after Aconite has expended its action, any other medicine is required to modify the condi-

tion of the inflamed tissue, Kali bichromicum will do it. It is also very effectual in the bronchitis of influenza. We have here a general condition which demands, not Aconite and cold water, but Arsenicum and champagne. When the influenzal catarrh runs down into the bronchial tubes, Arsenic will not follow it; and here Kali bichromicum comes in most usefully. There is one symptom often present in these cases, which is especially characteristic of the remedy now under notice. This is a thickly coated tongue, which, with loathing of food, indicates that the catarrh has involved the alimentary passages.

Every now and then a case will occur whose symptoms remind you of the phenomena which, in susceptible persons, follow the inhalation of *Ipecacuanha*. One such instance I have recorded in my paper. In these attacks—midway between bronchitis and asthma, half neurosis and half phlogosis—the power of *Ipecacuanha* is very great.

2. Capillary bronchitis, as constituting one of the pulmonary affections of childhood, will come under our notice later on. At present I shall consider it as it occurs in old persons,—the “peripneumonia notha” and “suffocative catarrh” of the older writers. The grand remedy for this dangerous disorder is *Tartar Emetic*. Perfectly homœopathic to both the local and the general condition, I have almost invariably relied upon it single-handed, and have seen desperate cases recover under its use. Arsenicum is often recommended: but I cannot see its homœopathicity, and have never used it. The danger in these subjects is from paralysis of the lungs. I have suggested (Pharmacodynamics, p. 273)

the homœopathicity of *Solania*, the “active principle” of Dulcamara, to this condition: and from what I have seen of its action in chronic semi-paralytic coughs should try it with much hopefulness.

3. Toxæmic bronchitis is liable to be set up by the specific poisons of measles, of typhus and typhoid fever, and of gout, and by the excess of urea in the blood which obtains in chronic Bright’s disease. Of the first I have already spoken, and shall speak again. The bronchitis of fever generally calls for Tartar Emetic. In that which occurs in sufferers from chronic Bright’s disease, I would suggest *Mercurius corrosivus*, which is homœopathic to the primary malady, and in a case of poisoning by which, recorded by Dr. A. Taylor, the bronchial mucous membrane was found inflamed throughout its course. The connection of bronchitis with gout has lately been insisted upon by Dr. Headlam Greenhow. If the disease proved obstinate in a patient owning this diathesis, I should be disposed to give him the benefit of the as yet mysterious powers of Colchicum.

4. Chronic bronchitis presents itself under such various forms, that it is well-nigh impossible to lay down any general laws for its management. Each case requires to be studied as an individual, and to be treated on its own merits. But I will make an attempt to classify its leading varieties, and to suggest their most suitable treatment. I will base my classification on the pathological character of the expectoration,—viz., whether it is mucous, purulent, or fibrinous.

a. In chronic bronchitis with mucous expectora-

tion, the choice generally lies between two great medicines,—the determining symptoms being the consistence of the mucus. If it come up in lumps, be easy to detach and expel, or difficult only because of the muscular debility present, *Tartar Emetic* is usually the remedy. But where the sputa are difficult and tenacious, and come up in long strings of opaque white mucus, the preference should be given to *Kali bichromicum*. This indication for the latter medicine, which has been verified over and over again, we owe to Dr. Drysdale.

b. Chronic bronchitis with puriform expectoration is a very serious matter. In cases of moderate severity I have seen *Mercurius* in the medium dilutions of great service. Perhaps *Silicea*, which Teste commends highly in chronic bronchitis, may find its place here. China will at all events be useful in sustaining the constitution.

c. If you meet with the rare form of chronic bronchitis, in which semi-membranous expectoration (bronchial polypi) occurs, Dr. Curie's experiments would point to *Bryonia* as its most homœopathic remedy, though *Kali bichromicum* is hardly less so.

In all forms of bronchitis, but especially in the influenzal and the senile varieties, the cough is sometimes violent quite out of proportion to the local affection. We have here to call in the help of the neurotic drugs, the chief of which are *Senega*, *Hyoscyamus*, and *Conium*. *Hyoscyamus* is generally a capital medicine for such a cough occurring in influenza,—the characteristic indication being aggravation on lying down. In old persons, where

the cough is harassing, I have much confidence in Senega. These neurotics may be given at the same time with the more strictly curative remedies, either in alternate doses, or (which I think better) the one by day and the other by night.

Sometimes even, both in acute and in chronic bronchitis, we have to depend upon the neurotic in preference to the tissue-irritant medicines. I have already spoken of Ipecacuanha in acute bronchitis; and not uncommonly in chronic "winter-cough" you will find no medicine so efficacious as *Nitric Acid*.

Sequelæ or concomitants of bronchitis are Bronchiectasis, Emphysema, and Asthma.

Bronchiectasis (dilatation of the bronchi)

I take to be pathologically the same lesion as emphysema, only seated in the air-tubes instead of the air-cells. I have only seen one case of it; it ended fatally by abscess of the lung. Beyond the general roborant treatment obviously suitable to all degenerations, I have nothing to suggest as regards its management.

Emphysema.

When this lesion is partial and mechanical, as from the coughing of pertussis and bronchitis, medicine can have little to say to it. There seems no doubt, however, that emphysema, in its local and most important form, is a primary degeneration of the pulmonary vesicles, constitutional and hereditary, often appearing to be a manifestation of

gout. If we only knew further what was the nature of the degeneration,—whether fatty, fibroid, and so on,—we might find specific remedies for it, and so at least prevent the farther yielding of the cell walls. The hypothesis of fatty degeneration is supported by Rainey, Williams, and Chambers : but Dr. Waters' more systematic investigations do not sustain it. It is a pity : for in that case Phosphorus would have bid fair to help us greatly. But if we are driven back upon simple functional debility of the elastic fibres which conserve the diameter of the air-cells, then morbid anatomy will not help us to the remedy. Symptomatology is equally at fault ; and experience is silent, at least so far as our literature is concerned. I have myself treated one well-marked case of idiopathic emphysema for months with Phosphorus, Nitric Acid, and Nuxvomica with little result. Perhaps the frequent alliance of the malady with gout may give us a useful hint, as it does with regard to Asthma : and Sulphur may prove as valuable here as there.

Whatever medicines we use, the general management of the patient must be of the character indicated by Drs. Waters and Chambers, including (if you like) the administration of iron as a food. Bronchitis, when occurring in emphysematous subjects, is of a low type, and attended with profuse secretion : Tartar emetic will be its medicine from the outset, and free stimulation seems indispensable.

Asthma.

I of course limit this term to true idiopathic

paroxysmal dyspnœa, and do not include under its heading the varieties of difficult breathing which are sometimes miscalled "Asthmatic." Yet I cannot distinguish it as "spasmodic asthma," for I think it has yet to be proved that spasm is of the essence of the affection. I know few more interesting pieces of pathological reasoning than Dr. Russell's argument* that the dyspnœa of asthma is a morbid exaggeration of the normal *besoin de respirer*, and that no real asphyxia is present or imminent.

Dr. Russell follows up his discussion of the nature of asthma by a study of the remedies most suitable to meet it. If to his remarks you will add the paper of Dr. Blundell in vol. ii. of the "Annals," p. 1, with the discussion following, you will have got the substance of the experience of our school hitherto in its treatment.

First, what can we do in the paroxysm? Have we any medicines which give speedy relief? or must we resort to the Stramonium-smoking or inhalation of the fumes of nitre-paper in vogue in the old school? The latter, at least, is harmless enough if it is needed. But very often our remedies act with great rapidity. In pure nervous asthma, uncomplicated with bronchial irritation, *Cuprum* and *Lobelia* are most effectual. Drs. Russell and Drury each give a case illustrating the virtue of *Cuprum*; and I myself, in common with many other practitioners, have seen very satisfactory results from *Lobelia*, not given as an emetic or depressant, but from the 2nd to the 6th dilu-

* See his 'Clinical Lectures,' Lect. ix, x; "On Asthma."

tion. When the asthma is bronchitic, I agree with Drs. Russell and Blundell in considering *Aconite* the best palliative. Its use by inhalation may be conjoined, as recommended by these physicians. It is to this variety that I consider *Ipecacuanha* homœopathic, and not, as Dr. Russell seems to think, to pure nervous cases. It is especially indicated where there is much cough.

When by these or other means you have got your patient through his paroxysm, you will have to consider the best means for obviating the tendency to its recurrence. The medicines I shall mention under this head are *Nux vomica*, *Arsenicum* and *Sulphur*.

Nux vomica is about the best curative medicine we have for simple "spasmodic" asthma, where there is no bronchial lesion, but a standing reflex excitability of the pneumogastric to impressions from without or through the stomach. One of the early cases which made Hahnemann famous was of this kind: and the *Nux* was given in material doses. Dr. Kidd, also, states that he considers it our best anti-asthmatic. While giving you confidence in the medicine, his testimony may also suggest the doses in which you should use it.*

* I can confirm the following remark of Dr. Russell about this drug. "After the paroxysm subsides, it leaves a condition of the digestive organs for which *Nux Vomica* is the great remedy. The tongue is coated with a thick, yellow fur; there is often slight nausea, flatulence, and constipation. Besides, the breathing is seldom quite right; generally there remains a sort of physical memory of the struggle. The patient feels that no liberties must be taken, either of diet or exercise. Out of this secondary state of bondage nothing will liberate so effectually as *Nux Vomica*."

Arsenicum is the best medicine where bronchitic asthma tends to become, or has become, chronic. Of this Dr. Russell furnishes several illustrations: and you cannot do better than read them in his capital lectures. The same medicine may still farther benefit asthmatic sufferers by relieving the symptoms of the heart disease to which they are nearly always, sooner or later, subject.

In a great number of cases of asthma you will discover on inquiry gouty inheritance or proclivity, or, what is almost the same thing, some form of cutaneous disease alternating with the dyspnœa. In these cases you will get most satisfactory results from *Sulphur*. You may send your patients to a sulphureous spring, as Dr. Russell recommends; but I think they will do nearly as well at home under the usual potencies of the drug, of which here I prefer the lowest.

LETTER XXXIII.

DISEASES OF THE RESPIRATORY ORGANS (*continued*).

I PROPOSE, in the present letter, to discuss the treatment of the hyperæmic affections of the pulmonary parenchyma, i. e. the air-vesicles themselves. I begin with pneumonia.

Pneumonia

has been one of the great battle-fields of statistics. After it had been shown what per-centage of cases bloodletting, and tartar emetic, and calomel could kill, Expectancy stepped in to demonstrate that a larger proportion recovered when left alone, and Homœopathy declared that its treatment gave a lower death-rate still, and a shorter average duration of disease.* But alas! we have been outdone by Prof. Hughes Bennett, whose results would lead us to believe that under a system of judicious management, with small doses of tartar emetic at the beginning, and nutrients and stimulants later, no uncomplicated case of pneumonia need be lost.

I have myself very little faith in statistics, when applied to so difficult and delicate a subject as therapeutics. But I can sketch to you a treatment of pneumonia which partakes neither of the lowering

* See Dr. Henderson's paper in 'Brit. Journ. of Hom.,' vol. x, p. 629.

and spoliative measures of our forefathers, nor of the other extreme of stimulation into which the present age has rushed : but which, while rational in its method, gives obvious relief to the symptoms, shortens the duration of the disease, and will rarely permit your patient to slip through your fingers.

I will speak first of the typical form of the disease, as it occurs from chill in tolerably healthy adults.

If you see your patient sufficiently early, while the fever—as marked by pulse and temperature—is still high, you are sure to be doing right if you give him a few doses of *Aconite*. The observations of Dr. Parkes make it appear that in pneumonia the fever is out of all proportion to the local inflammation, and runs an independent course of its own,—defervescence (which is very rapid) occurring at or even previous to the height of the consolidation. If we can anticipate this crisis by our *Aconite*, as probably we can, we shall be rendering an unquestionable benefit to our patient, whose distress depends far more on his general than on his local symptoms. If, moreover, Drs. Stokes and Waters be right, that there is a stage of pneumonia prior to that of engorgement, characterized by dryness and intense arterial injection of the pulmonary membrane, and revealing its presence to the ear by a harsh, loud, puerile, respiratory murmur in the very spot where dulness and crepitation are afterwards discovered,—if, I say, these observers are right, *Aconite* may fairly be expected at this stage to extinguish the whole morbid state unaided.

Aconite is not a specific irritant of the lungs ;

and if within twenty-four hours of its administration the symptoms have not materially abated, or if general fever has already ceased to be a prominent feature, it is useless. Our grand remedy then is *Phosphorus*. We owe the establishment of its reputation to Dr. Fleischmann of Vienna: but it has since gained universal confidence. Its only rival is

Bryonia, for which Tessier has done in Paris what Fleischmann has done with *Phosphorus* in Vienna. It is not easy to decide between the two. *Bryonia* would undoubtedly be more suitable to pleuro-pneumonia, and *Phosphorus* to broncho-pneumonia. But I apprehend that both these diseases are rare; and that the bronchitis and pleurisy associated with pneumonia are generally secondary and partial extensions of the primary inflammation of the pulmonary tissue itself.

The only other medicine I have to mention in connexion with acute pneumonia is *Tartar Emetic*. I have already argued out the unconscious homœopathicity of the common use of this drug in pneumonia. Its reputation, as usual, has been injured by the quantities in which it has been given. I am glad to find Dr. Waters writing, "It is rarely, if ever, necessary to give it in large doses. From one sixteenth to one fourth of a grain I have usually found quite enough." I think it rarely applicable in the primary form of the disease. Its pathogenesis shows it to be most suitable when the inflammation has run down from the air-tubes into the cells (catarrhal pneumonia), and when exudation is free and early. We have both these conditions present in the pneumonia of epidemic

influenza, and here Tartar Emetic is specific. Of its action in the neighbouring capillary bronchitis I have already spoken.

You will find some valuable remarks on the place of these four medicines, Aconite, Phosphorus, Bryonia, and Tartar Emetic, in the treatment of pneumonia, in an editorial article on the disease in vol. ix. of the British Journal. Also by Dr. Clotar Müller on Phosphorus and Tartar Emetic in Laurie's 'Homœopathic Practice of Physic,' p. 282. The only other medicine I think likely to be added to the list is *Chelidonium*. All I can say of it at present is that it is likely to prove useful when the right lung is inflamed and the liver involved.

But I have hitherto been speaking only of pneumonia in its typical form, and in its ordinary course. I have not included in the latter the occurrence of suppuration. This rare event has not had any definite treatment assigned to it. Dr. P. P. Wells recommends *Lachesis* and *Cannabis sativa* (American Hom. Rev., vol. iv, p. 100), Dr. Drysdale *Sanguinaria* (Monthly Hom. Rev., vol. x, p. 115). Of circumscribed pulmonary abscess I will speak presently. If gangrene should occur, *Lachesis* and *Arsenicum* would be indicated. Again, if pneumonia supervened in the course of continued fever, you of course would not think of Aconite: but Phosphorus or Bryonia would still apply, or Tartar Emetic if there had been previous bronchitis. The latter medicine would also seem suitable to the pneumonia which sometimes complicates delirium tremens.

I have only to add that when the exudation is slow in taking its departure, or the disease threatens to become chronic, *Sulphur* should be given. For simple chronic pneumonia itself, should you meet with that very rare affection, *Lycopodium* is a valuable remedy.

Abscess of the Lung (non-tubercular)

I believe to be more common than is usually supposed. I myself have seen five well-marked cases of it. Under suitable climatic conditions, there is nothing to prevent its being recovered from:—*Iodine* and *China* being the medicines most helpful towards such an issue.

Congestion of the Lungs

stands on the other side of pneumonia, and is also, though rarely mentioned in text-books, far from uncommon. If it originates in a chill, *Aconite* may be necessary: but *Phosphorus* is the really important medicine. Mechanical congestion of the lungs is of course common enough in cardiac disease: but this you must treat from the side of the heart.

Hæmoptysis.

A word is sufficient to say that in pulmonary hæmorrhage from mechanical violence, *Arnica* is sufficient: and that when it constitutes a vicarious menstruation, *Bryonia* is said to be efficacious in

restoring the menstrual hæmorrhage to its proper place. The hæmoptysis of cardiac or aortic disease is generally the result of mechanical embarrassment of the circulation: and would be helped by *Aconite*, or by *Digitalis* if the heart be dilated and feeble. And now we have left the most important and frequent variety of this hæmorrhage; that occurring in connexion with pulmonary tubercle.

In sanguine temperaments, and when the pulse is full and bounding, *Aconite* is indispensable here, and may be all that is required. I confess I have never had occasion to use it. The two medicines on which I have learnt to rely are *Millefolium* and *Hamamelis*, in the 1st dilution of each. The former is most suitable when the hæmorrhage is predominantly arterial, the latter where it is venous and passive. Other medicines of importance are *Ipecacuanha* and *Ferrum Aceticum*, for the latter of which I refer you to the 'Annals,' vol. v, p. 409.

Pulmonary Apoplexy

is, therapeutically, the same thing as hæmoptysis, and can be helped by no other treatment.

So much for the hyperæmiæ of the lungs: but before passing to phthisis let me say a word upon

Œdema Pulmonum.

Drs. Wurmb and Caspar, in their reports of the Leopoldstadt Hospital, mention more than once

having cured this condition with *Tartar Emetic*. I myself have seen œdema of the lungs, occurring in the course of general dropsy, subside entirely under the use of the same medicine. I gave it, as they did, in the 12th dilution.

LETTER XXXIV.

DISEASES OF THE RESPIRATORY ORGANS (*continued*).

I SHALL begin my present letter with the therapeutics of

Phthisis Pulmonalis.

I desire to yield a hearty and ungrudging testimony to the advance which Old Medicine has made in the treatment of this disease. There is no doubt that the mortality is less, and the duration of life greater, in phthisis than it was thirty years ago: and it has been a genuine triumph of scientific investigation. The unanimous consent of all the teachers of the present day as to the principles of treatment to be observed in phthisis is worthy of admiration: and commends the method to us with unwonted force.

When we examine the method in question, however, we find it to be purely regiminal and dietetic,—the iron and cod-liver oil which are the only “medicines” given falling under the latter heading. And herein is illustrated that which Dr. Madden has insisted upon,—that the recent advances made in the old school are on the common ground of hygiene, and have no relation to the administration of drugs. We can thankfully

recognise and adopt them : while in our own department of specific medication we still, unhappily, stand alone. Some day we hope that prejudice will no longer

“to the marriage of true minds
Admit impediments.”

Let it be fully understood, then, that the basis of the treatment of phthisis must be with us as with others hygienic. Let us nourish our patient well and wisely ; let him always breathe fresh air, and take plenty of exercise ; choose his climate for him if possible ; and give him cod-liver oil and—save in the rare “phthisis florida”—chalybeate food. But Homœopathy will enable you to do more than this. It will enable you to keep down pulmonary inflammation without lowering the system. It will give you “cough medicines” which will not spoil the stomach, “alteratives” free from the poisonousness of mercurials, and remedies for diarrhoea which do not constipate. It has even means of no slight energy for modifying the tubercular diathesis itself. Let me tell you all I know about the medicines which are useful in phthisis.

1. The most recent researches “leave very little room for doubt that the bad habit of body in scrofulous affections associated with the growth of tubercle-matter must be established in the first instance through the digestive processes, as first described by the late Dr. Tweedy Todd under the name of *strumous dyspepsia*, and which has been since so fully described by Sir James Clark, Bennett, Hutchinson, and others” (Aitken). The

characteristic features of this strumous dyspepsia are dislike to and difficulty in the assimilation of fats, "biliousness," heart-burn, flatulence, and, above all, acid eructations after taking food. Such dyspeptic symptoms, when ordinarily occurring, call for *Calcareo carbonica* and *Pulsatilla*. The former medicine, specially indicated by the acid eructations, would be quite in place here: but I think that only temporary and superficial benefit could be expected from *Pulsatilla*. The mischief lies, I suspect, not so much in the stomach, as in the organs devoted to the assimilation of fatty matters,—the pancreas and the mesenteric glands. *Iodine* is the medicine which has the greatest control over these: and on *Iodine*, with an occasional dose of *Calcareo*, I would advise you to rely whenever you meet with phthisis in this "pre-tubercular stage." Test your patient's progress by his temperature and his weight rather than by the sounds of his chest: and direct your attention to his stomach rather than to his lungs.

2. When phthisis has thoroughly localized itself in the lungs, although *Calcareo* and *Iodine* are still very good, and in the absence of indications for special medicines may be persevered with, yet urgent needs generally call for other remedies. Above all, we have to keep down pulmonary irritation and hyperæmia: and for this purpose *Phosphorus* is invaluable. Not only in intercurrent attacks of inflammation, but continuously, this medicine may be given with advantage. When the pneumonic symptoms are more chronic and passive in character, especially in young men, *Lycopodium*

is even preferable to Phosphorus. The cough, which is the most troublesome symptom in this stage, may be sufficiently moderated by these means: but often requires a medicine to itself, which you may find in *Ipecacuanha*, *Hyoscyamus*, *Drosera*, or *Kali carbonicum*, according to the symptoms present.*

3. Again, our patient comes to us when softening has set in, and when puriform expectoration brings hectic in its train, whose colliquative sweats are matched by diarrhœa, and its exhausting influence enhanced by vomiting of the ingesta. It is by checking this hectic, this diarrhœa, this vomiting that medicine can give most help in the present stage. If Iodine and Phosphorus have now lost their power to modify the symptoms (*Calcarea* and *Lycopodium* have long been left behind), other remedies will come into play. *China* and *Phosphoric Acid* will oppose the hectic, if you will not be afraid to give them (the former especially) in pretty full doses. *Arsenicum* (3rd dec. trituration) has often in my hands arrested the diarrhœa. *Kreasote* (2nd) is specific against the vomiting: and Dr. Hilbers credits it with a supporting and restorative influence over the whole system.

These are the medicines from which I think you will gain most help in your endeavours to arrest the progress of phthisis in its several stages. Too often, alas! your best-directed efforts will fail, and

* *I.e.* *Ipecacuanha* and *Drosera* when the cough is spasmodic, with retching: *Hyoscyamus* when it is much increased at night and on lying down; *Lachesis* and *Kali Carbonicum* when it seems kept up by irritation of the fauces and pharynx.

increasing exhaustion and emaciation with uncontrollable diarrhœa and commencing aphthæ herald the fatal issue. Still perseverance in what might be curative will be found palliative: and will best promote the euthanasia. I can say nothing as to our per-centage of cures until we have a Consumption Hospital: but I can answer for the power of our system to smooth the passage to the grave.

And now a few words upon varieties and complications of phthisis. Acute pulmonary tuberculosis I have seen arrested by Arsenic and Phosphorus; Mr. Pope, in his excellent paper on the therapeutics of Consumption in vol. xx of the British Journal, speaks of a case in which Arsenic and Calcareæ effected a cure. The same writer, following Dr. Clotar Müller, calls attention to the well-known fact that Iron, injudiciously administered, often brings on hæmoptysis and phthisis: and suggests the homœopathicity of *Ferrum* to the form of disease known as "phthisis florida." If laryngeal symptoms should supervene in the course of phthisis, you may give *Spongia* with good hope of success: but primary laryngeal phthisis is another matter. Iodine and Drosera would promise most in its treatment: but the few cases I have seen have invariably gone on from bad to worse. Of the intercurrent pleurisy of phthisis I shall speak when I come to the former disease.

I cannot but feel that we are on the eve of a revolution in our pathological notions of pulmonary phthisis. On the one side, we have experimental researches into the inoculability of tubercle, which

are leading to unexpected conclusions as to its nature and history. On the other, the cases called "phthisical" are being analysed and distinguished; and many other pulmonary deposits besides genuine miliary tubercle are shown to be capable of causing the phenomena which go under its name. Thus we hear of "scrofulous or epithelial phthisis," of "pneumonic phthisis," of "fibrous," "amyloid," "syphilitic," "hæmorrhagic," and "embolic" phthisis (see Dr. Andrew Clark's table in Aitken, vol. ii, p. 760). In time our therapeutics of the disease will have to receive a parallel development: and we shall probably learn what were the varieties of the disease which the older Homœopaths cured with Kali carbonicum, Sulphur, and Stannum. For the present, this must suffice.

A few words before I end this letter upon syphilis and cancer of the lungs.

Pulmonary Syphilis

is described as occurring in two forms. It may be a chronic bronchial irritation, with the general symptoms of phthisis, complementary to the secondary cutaneous syphilides. Or it may consist in the deposit of gummatous nodules, which sometimes soften like tubercle (syphilitic phthisis). In the former variety the *Iodides of Mercury* would probably prove specific: in the latter I cannot suggest any improvement upon the ordinary use of *Iodide of Potassium*.

Pulmonary Cancer

must be named here, for the sake of completeness : but I have no information to give or suggestions to make as to its treatment. It is happily very rare.

LETTER XXXV.

DISEASES OF THE RESPIRATORY ORGANS (*continued*).

In the present letter I shall speak of the affections of the pleura, and of those of the thoracic walls, concluding with a few remarks on the treatment of injuries of the chest.

Pleurisy

is a disease the Homœopathic treatment of which is as well established as is that of pneumonia. If you will read the monographs upon it by Drs. Wurmb and Trinks in vol. i and by Dr. Beilby in vol. x of the 'Brit. Journ. of Homœopathy,' and further look out in the index for the separate cases of the disease which have been published from time to time, you will see a remarkable uniformity in the medicines given by different practitioners in the recognised varieties and stages of the disease. These are as follows.

In simple acute pleurisy, arising from exposure to cold in a healthy person, and beginning with a distinct rigor, *Aconite* is the one sufficient medicine. The pleura is one of the few parts to which it is a specific irritant: hence it covers the whole disease. The effusion in these cases is rather plastic than serous: and should its re-absorption be delayed,

Dr. Wurmb highly commends *Sulphur* as a medicine capable of hastening it. Still farther off from the primary disorder, a lingering deposit of lymph has disappeared under the action of *Hepar Sulphuris* (see a case in 'Brit. Journ. of Hom.,' vol. xviii, p. 162).

But I must admit that this typical pleurisy is rarely seen. Without speaking now of the occurrence of the disease as a secondary lesion, it commonly sets in after a more insidious manner, with no distinct rigor, and with early serous effusion. Hence the great anti-pleuritic is the remedy for this variety of the disease, *Bryonia*. You will remember my citations from Trinks as to the place of this medicine in all serous inflammations (Pharmacodynamics, p. 168). Consider in addition the Reports of the Leopoldstadt Hospital, in which *Bryonia* stands from year to year at the head of the remedies for pleurisy: and you will see that an almost invariable use of it in this disease is well warranted.

When the (serous) effusion is very rapid and copious, *Bryonia* must be replaced by or at least alternated with *Arsenicum*. Dr. Wurmb speaks of this medicine in pleurisy as follows. "Arsenic is especially indicated in serous pleurisy, and our confidence in it is so great, that we wholly despair of the possibility of curing a case of serous pleurisy in which Arsenic has produced no beneficial change at all, as in the art-defying hæmorrhagic diathesis. The first good effects of Arsenic are manifested by the alleviation of the painfully asthmatic respiration; after this the dropsical swellings abate, the febrile attacks become less frequent, and at length the

absorption of the effusion takes place . . . Arsenic is also one of those medicines which do good speedily, if they are to do good at all."

Secondary pleurisy, when calling for special attention, is to be treated upon the principles already mentioned. If it supervene upon rheumatism, you will continue your Aconite and Bryonia. If it occur in connexion with pulmonary tubercle, Bryonia may suffice; but it is here that *Kali carbonicum* has attained so much repute. The pleurisy attendant on Bright's disease would probably be helped by Arsenicum in preference to any other medicine.

This brings us to

Hydrothorax,

which may be either serous pleurisy in its chronic stage, or a secondary dropsy. In the latter form *Apis* and *Apocynum* are said to have proved curative; but I should have much greater reliance upon *Arsenicum*. Indeed I think *Apis* much more suitable when hydrothorax has remained behind after pleurisy. *Iodine*, in some of its forms, appears in as high repute as ever for causing the absorption of pleural fluid: and I have already mentioned observations which go to show that Iodide of Potassium can cause pleurisy, and that effusion into the pleura may be found as the result of poisoning with Iodine ('Pharmaco-Dynamics,' p. 321).

Empyema

undoubtedly requires paracentesis for the evacuation of the fluid. But when you have effected this, you may find in *Silicea* a potent means of preventing fresh suppuration. You might inject it into the cavity of the pleura, besides giving it internally. Do not forget, also, the power of *China* over the hectic which drain of pus excites.

Pneumo-thorax

must be mentioned here : but it is obviously out of the range of medicinal influences.

The thoracic walls are the seat of

Pleurodynia.

I include under this heading every form of pain occurring in the chest walls. Pleurodynia, in this extended application, may be either a rheumatism, a myalgia, or a neuralgia.

1. In rheumatic pleurodynia you will give *Aconite*, in repeated doses of a low dilution, if the attack be recent, especially if fever be present. But unless speedy relief is obtained, you will do well to substitute remedies having more local affinity with the thoracic walls. *Bryonia*, *Actæa racemosa*, *Ranunculus bulbosus*, and *Colchicum* are all more or less homœopathic and curative. I should choose the first where the rheumatic diathesis was marked : the second for women : the third where the pain

was very intense, so that the patient dare not move (see Dr. Dudgeon's case in vol. xxiv of the 'Brit. Journal,' p. 160): the fourth where a gouty as well as a rheumatic tendency was present.

2. Myalgic pleurodynia has also found its remedy in *Ranunculus*, as in some cases by Dr. Strong in the 'Monthly Hom. Review' for Dec. 1866. But its chief medicine is *Arnica*. When it resembles pleurisy so much as to render diagnosis very difficult ("spurious pleurisy"), a few doses of this drug will often clear up the question by extinguishing the symptoms.

3. Neuralgic pleurodynia (intercostal neuralgia, infra-mammary pain) appears under two leading forms. First, in young women otherwise fairly healthy, where it is hysterical, or otherwise symptomatic of deranged uterine function. Here *Actæa Racemosa* is specific. Secondly, as an idiopathic neuralgia in anæmic or debilitated subjects. In these *Arsenicum* or *Ranunculus* again will relieve the pain; but its return must of course be guarded against by measures suited to build up the system at large.

Injuries of the Chest

—I refer especially to penetrating wounds—derive their chief importance from the strong tendency to inflammatory excitement which occurs. You must carefully be on the watch for this: but should it appear, you may trust to *Aconite* to do at least as much as the usual bloodletting to allay it.

APPENDIX TO DISEASES OF THE RESPIRATORY
ORGANS.

Cough is such a frequent accompaniment of the affections of the air-passages and chest that I have thought it well to append here a special list of cough medicines, noting briefly under each the symptoms which call for its use.

Acidum nitricum. Spasmodic cough.

Ambra. Hysterical cough.

Ammonium carbonicum. Incessant cough excited by a sensation as of down in the larynx.

Antimonium tartaricum. Cough with profuse and easy mucous expectoration.

Arsenicum. Cough of asthmatic subjects and of cardiac disease.

Belladonna. Dry spasmodic cough, with determination of blood to the head; pertussis in second stage.

Bromine. Laryngeal cough, with hoarseness.

Bryonia. Dry, irritative, shaking cough, worse in day-time; tickling, or heat and soreness behind sternum; pains in walls of chest and abdominal muscles.

Causticum. Laryngeal cough, dry; urine spirts out during paroxysm.

Coccus cacti. Violent cough causing vomiting and expectoration of much thick mucus.

Conium. Nocturnal cough, dry, hacking, and almost continual.

Corallia rubra. Nervous, spasmodic, and hysterical cough; second stage of pertussis.

Crotalus. Cough of phthisis.

Drosera. Spasmodic cough, worse at night, with retching: second stage of pertussis.

Hepar sulphuris. Laryngeal cough, with expectoration: hoarseness.

Hyoscyamus. Nervous cough, continual hacking; worse on lying down. Often best in alternation with *Ipecacuanha*.

Iodium. Laryngeal cough, dry.

Ipecacuanha. Spasmodic cough with mucous expectoration; retching and vomiting. Pertussis in first stage. See *Hyoscyamus*.

Kali bichromicum. Laryngeal cough, with hoarseness: cough with tough stringy expectoration.

Kali carbonicum. Chronic coughs of obscure chest disease, a bow to be drawn at a venture occasionally.*

Lachesis. "Throat-cough;" cough of cardiac disease.

Lycopodium. As *Kali carbonicum*.

Mercurius. Chronic bronchial coughs, with purulent expectoration.

Naja. Cough of cardiac disease and of phthisis.

Nux vomica. Spasmodic cough, hurting head; "stomach cough," worse after food.

Phosphorus. Cough of phthisis.

Pulsatilla. Loose mucous cough in children: loose night-cough of pulmonary disease.

Rumex crispus. Laryngo-tracheal cough, dry, irritating, incessant, aggravated by pressure, talk-

* Also from irritation of relaxed uvula (see 'Annals,' vol. iv, p. 543).

ing, and inspiration of cool air : sense of excoriation behind sternum.

Scilla. Tracheal coughs, with much expectoration.

Senega. Dry, irritating cough, with pains about chest. Comp. Bryonia.

Sepia. As Kali carbonicum. Expectoration greyish-white and saltish.

Spongia. Laryngeal cough, dry.

Stannum. As Kali carbonicum. Expectoration profuse, of greenish colour and sweetish taste.

Sulphur. Cough of asthma, especially in gouty subjects.

Verbascum. Hoarse dry night-coughs.

LETTER XXXVI.

DISEASES OF THE CIRCULATORY SYSTEM.

INSTEAD of passing from the Respiratory organs to the next great tract of mucous membrane,—the genito-urinary, I shall first review the disorders of the Circulatory system, with which the former are both anatomically and physiologically so closely connected. Under this heading I shall consider the diseases of the Heart, of the Arteries and Veins, of the Lymphatics and Lacteals, and of those ductless glands—notably the Spleen and the Thyroid—which functionally belong to the blood and its circulation.

I take first the diseases of the *heart*. In their discussion I shall follow closely in the footsteps of the late Dr. Russell, who, in his papers on cardiac disorders in the 'British Journal of Homœopathy' (vol. xii), and in his 'Clinical Lectures,' has done so much for this subject. With him I shall begin with

Palpitation.

Dr. Russell divides the cases of this disorder into those in which the primary evil is, 1st, in the heart itself, 2nd, in the blood, 3rd, in the stomach.

1. The heart becomes liable to palpitation from any cause which weakens its nervous energy. Such

are great mental exertion, anxiety or emotional tension of any kind, masturbation or excess in venery, abuse of tea and tobacco, and so on. To relieve an acute attack of this kind, there is nothing equal to *Moschus*. The chronic tendency may be obviated, if the exciting cause can be removed, and suitable regimen carried out, by such medicines as *Lachesis* and *Naja*, *Glonoine*, *Digitalis*, and *Phosphoric Acid*. The last named is of course specially suitable where sexual excess has been the exciting cause.

2. The presence of the gouty poison in the blood, and anæmia, are frequent causes of palpitation. Treatment directed against the diathesis in the one case, and Iron in the other, are the curative remedies. *Nux moschata* would probably give temporary relief to palpitation of gouty origin.

3. Dyspeptic palpitation is often nothing but gout. When it owns no relation with that diathesis, you may with advantage remember what Dr. Elliotson says of *Hydrocyanic Acid*, that it is good for "those disorders of the stomach which, in some of their symptoms, resemble affections of the heart."

Passing now from the functional to the organic diseases of the heart, I will take first those of its muscular substance, beginning with

Hypertrophy.

In the acute attacks of palpitation incident to this disease, *Aconite* takes the place filled by *Moschus* in nervous palpitation. The continued

use of the same medicine is also very serviceable in relieving the permanent distress of these sufferers. A still higher value in this direction is assigned by Dr. Russell to *Naja* and by Dr. Rubini to *Cactus Grandiflorus*. A good case is given by the former illustrative of the value of his favourite medicine ('Brit. Journ.' vol. xii, p. 543). But whether with these or any other medicines you can actually *reduce* an hypertrophied heart is quite another question. The only form of the disease in which such a result may fairly be expected is, I think, that which results from violent exercise, as rowing. Here the curative medicine, as you may suppose, is *Arnica* (see Dr. Madden's paper on 'Myalgia' in the 'Brit. Journ. of Hom.' vol. xxv, p. 80, and Dr. Bayes' observations on *Arnica* in the 'Monthly Hom. Review' for Dec. 1866).

The above remarks apply to hypertrophy, whether accompanied with dilatation or not. But we have now to consider

Dilatation of the Heart

itself. I have nothing to say against the usual prescription of Iron in this disease, but everything in its favour. I would only recommend you in its treatment always to add to your dietetics homœopathy, in the shape of *Digitalis*. I am not going to re-open here the questions as to the cardiac action of this drug, which I have already discussed at length when writing to you upon it. I content myself with recommending to you its continued use. At the first appearance of dropsy in these cases it

may often be banished by *Apis*: but sooner or later *Arsenicum* will be required: and with the aids already mentioned will long keep it at bay.

Fatty Degeneration

of the heart presents itself under two forms. In the first, the fat is in the first instance deposited upon the heart, and the degeneration of tissue is secondary: in the second it is primary. The treatment varies accordingly. Patients of the former kind have to be urged to a diet and mode of life calculated to avoid obesity; and perhaps *Calcareæ* would be a useful medicine for them. For the medicines suited to the latter variety I refer you to an able paper by Dr. Drury in the 'Brit. Journ. of Hom.' vol. xix. *Arsenicum* and Phosphoric Acid are the medicines he most favours: but I think that both must now yield the first place to *Phosphorus*, the power of which to produce fatty degeneration in the heart as well as the liver is undoubted. The chalybeate food on which most reliance is placed in the old school will harmonize as well with *Phosphorus* here as with *Digitalis* in dilatation.

Angina Pectoris

is generally considered to be a symptom of fatty heart and atheromatous coronary arteries. Dr. Anstie maintains that it is a neuralgia. But however this may be (and the two views are not irreconcilable) you will find *Arsenicum* a capita₁

medicine for it. I do not mean in the paroxysms themselves, where at present no specific medicine* has availed to take the place of chloric ether: but given continuously to check their recurrence. *Naja*, also, has here again done good service, this time in Dr. Bradshaw's hands (see 'Annals,' vol. i, p. 296). When angina is plainly a spasm,—especially when there is a sensation as if the heart were grasped by a hand of iron,—*Cactus* is a better medicine than either.

Pericarditis.

The idiopathic form of this disease is so rarely witnessed: and so little is known either to Pathology or Therapeutics of its pyæmic, hæmorrhagic, or tubercular varieties, that I shall speak of its treatment only as occurring in connexion with acute rheumatism and in the course of Bright's disease of the kidney.

If in the progress of a case of acute rheumatism a double-friction sound begins to be heard, and the other symptoms of pericarditis are setting in, you can nearly if not quite always arrest them in twenty-four hours by giving your *Aconite* alone in sufficient strength and frequency (a drop of the 1st dec. dilution every hour or so), and covering in the heart with a hot linseed-meal poultice. *Experto crede*. But you are not always fortunate enough thus to catch the disease at its first breaking out, and must be prepared for its treatment in its several stages. You will begin by reading the cases narrated by

* *Spigelia*, however, should be tried.

Dr. Drysdale in the 'Brit. Journ. of Hom.' vol. xii, p. 557, by Dr. Laurie in vol. v of the same Journal, p. 310, by Dr. Kidd in vol. xiii, p. 198, and by Dr. Russell in his 'Clinical Lectures,' Lect. II. You will find that after Aconite, *Bryonia*, *Colchicum*, *Spigelia*, and *Arsenicum* are in highest favour. *Bryonia* has never been trusted to alone, but always in alternation with Aconite or *Spigelia*. I think the distrust only natural, and always suspend its administration in rheumatic fever in favour of other medicines when cardiac mischief sets in. *Colchicum* has no *à priori* evidence in its favour; but its action in Dr. Kidd's and one of Dr. Laurie's cases was not a little remarkable. *Spigelia* has the highest reputation, and has in its favour the testimony of Dr. Fleischmann, who uses no other medicine. *Arsenicum* is preferable to it only when serous effusion into the pericardial sac is considerable. It is noted here by more than one observer that it frequently relieves the anxiety and oppression some time before the physical signs announce the resorption of the fluid.

Armed with these medicines, you may with much confidence encounter the rheumatic form of pericarditis. In that which occurs in Bright's disease *Colchicum* and *Arsenicum* are the only members of the group likely to be called into requisition.

And now of

Endocarditis,

which for all practical purposes may be considered exclusively in its connexion with rheumatism. You

will find a capital case by Huber in vol. xii of the 'British Journal,' p. 562, where *Aconite* 1 was the only medicine : and another by Dr. Bayes in the 'Monthly Hom. Review' for June 1867, in which *Spigelia* proved effectual. Dr. Russell's case, moreover, in the second of his 'Clinical Lectures' was one of endo- rather than of pericarditis, though there was a little of the latter. *Aconite* was of most service, though several intercurrent medicines were required. *Aconite* and *Spigelia* are thus, in inflammation of the lining as well as the covering membrane of the heart, the principal remedies. This is only to be expected, when we consider the close similarity of the two textures, and the identity of the usual exciting cause. I must add *Arsenicum*, which has genuine endocarditis among its poisonous effects.

The sequelæ of endocarditis are the various forms of

Chronic Valvular Disease.

The power of Homœopathic medicines to give relief to the sufferings of patients thus afflicted is very considerable. From Dr. Russell's experience it seems that *Naja* should always be given during the convalescence from an acute endocardial attack, and has great power of ensuring complete recovery. Nor is it less useful as a palliative medicine subsequently, when this happy result has not been obtained. Two other very useful medicines here are *Cactus* and *Arsenicum*. The former is most useful where there is hypertrophy with the valvular

disease, as in Dr. O'Brien's case which I have cited when writing upon this medicine. Arsenicum is better when the right heart has become dilated, and dropsy is threatening. The acute paroxysmal attacks incident to valvular disease are best relieved by *Camphor*.

This is all I have to say upon the treatment of cardiac disease. But you will forgive the brevity, when you see that it arises, not from scanty knowledge of its remedies, but from their fewness in number, and their accurate adaptation to its varieties. I only wish I could dismiss with so few words the whole nosological series.

LETTER XXXVII.

DISEASES OF THE CIRCULATORY SYSTEM (*continued*).

I am now going to approach a class of diseases most of which are sufficiently obscure pathologically, but which are still less known to therapeutics. These are the diseases of the blood-vessels: of the lymphatic and lacteal system: and of the vascular glands.

As diseases of the *arteries* I will consider arteritis, aneurism, and atheroma.

Arteritis,

if you ever diagnose it, would probably be met by the treatment suitable to endocarditis, viz. *Aconite* in low dilution and repeated doses. If it occurred in a superficial artery, as the carotid or the femoral, the local application of the same medicine in the form of a strip of rag soaked in a strong solution would be advisable.

Aneurism,

when not amenable to surgical procedures, you will probably treat by the rest in the horizontal posture and the limited diet now usually adopted. In aid of such measures *Aconite* will again come in most

usefully. It will give the relief from pain for which resort is so often had to bloodletting: and it will at least quiet the circulation to its norm. *Lycopodium* has some credit in the treatment of aneurism: and nothing would be lost by administering it during the intervals when Aconite is not required. Should a tendency to the recurrence of aneurism manifest itself, you must treat the unhealthy state of the arteries, as for

Atheroma.

If this change be, as is usually supposed, a fatty degeneration, we ought to have a useful medicine for it in *Phosphorus*. But I have already quoted Prof. Hughes Bennett's statement, that the fatty change here is not in the arterial tissue, but in the exudation of an arteritis. This would alter the case: and so, though we had better try what *Phosphorus* will do, we must not be disappointed should it fail us.

The diseases of the *veins* which we shall have to consider are phlebitis and varicosis.

Phlebitis,

in its most familiar form of phlegmasia alba dolens, will come under notice among the Diseases of Women. When occurring under other circumstances, you will find two excellent medicines for it in *Pulsatilla* and *Hamamelis*. I hardly know to which to give the palm. The former would certainly be preferable in chronic cases, as in the one

narrated in the 'Brit. Journ. of Hom.' vol. xxiv, p. 496. The only cases of acute phlebitis known to me in our literature are by Mr. Ayerst in the 'Brit. Journ.' vol. xv. Lachesis seems to have been the most efficient of the several medicines used.

Varicosis,

while capable of considerable relief from the old medicines *Pulsatilla*, *Silicea* and *Fluoric Acid*, is still more effectually helped by *Hamamelis*. Where the external veins are affected, as in the leg, the local application of the diluted tincture is of service, while the 1st or 2nd dilution is being given internally.

Before leaving the arteries and veins I must speak of pyæmia, under which heading the facts recently being brought to light regarding embolism and thrombosis will find their place.

Pyæmia.

The following are the conclusions arrived at by Dr. Bristowe, in his article on this disease in Russell Reynolds' 'System of Medicine.'

"1. Pyæmia is almost invariably, if not always, preceded by some local suppuration, and this of an erysipelatous, gangrenous, or otherwise unhealthy sort.

"2. The link between the local mischief and the constitutional infection is most frequently inflammation of the veins of the part affected, but may be simply absorption of unhealthy ichor.

"3. The local lesions which characterize pyæmia are congestions, extravasations of blood, inflammatory deposits, abscesses and necrosis. These are

generally, if not always, the result of blocking up of small arteries either by 'emboli' detached from the veins of the part primarily affected, or by 'thrombi' formed within the artery by the unhealthy blood. To the 'ichoræmia' itself are due certain diffused inflammatory processes (as inflammation of the joints and of serous surfaces) for which arterial obstruction will not account.

"4. The constitutional symptoms of purulent infection are rigors followed by sweating, a typhoid condition, quick and weak pulse, jaundice, early prostration, and generally death. The jaundice is not dependent on any appreciable affection of the liver. When the disease takes a more chronic course, the symptoms are those of hectic."

I have put down these details that you may estimate the warrant I have for saying that *Lachesis* is the most promising remedy we have for this condition. The phenomena, local and general, which follow the serpent's bite lead us to expect that when a local affection assumes a malignant character, and from thence proceed poisoning of the blood and prostration of the nervous energies, there *Lachesis* will be homœopathic and curative. Now this is just what we have in pyæmia. Experience has proved the value of the medicine in such analogous conditions as traumatic gangrene, malignant pustule, and septicæmia from dissecting wound; and the following record by Dr. C. Dunham reads very like phlebotic pyæmia itself. "I have three times," he writes, "been called to cases of chronic ulcer of the lower extremities (probably of syphilitic origin) in which the discharge had ceased, the extremity had

become œdematous, and a hard, slightly red swelling extending up along the course of the principal veins—together with a great and sudden prostration of strength, low muttering delirium, and general typhoid symptoms—gave good reason for supposing that general phlebitis had occurred. In these cases a careful study of the symptoms induced me to give Lachesis. The effect was all that could be desired, the patients rallying promptly—all symptoms of phlebitis speedily disappearing” (‘Amer. Hom. Review,’ vol. iv, p. 110).

In chronic pyæmia, with hectic, the administration of *China* would probably aid good food and wine in supporting the system through the exhausting suppuration.

It is to be hoped that the surgeons attached to our hospitals, and who must have had opportunities of treating pyæmia, will communicate the results of their experience.

Of the diseases of the *lymphatics* and *lacteals* very little is known. The scrofulous affections of the mesenteric, bronchial, and cervical glands will come before us hereafter. I must, for the sake of completeness, mention

Angioleucitis,

though I cannot tell you how it should be treated. The only form in which I know it is where the lymphatics of the arm inflame after a poisoned wound. *Aconite* and *Belladonna*, in low dilutions and frequent doses, are good for this.

The glands subservient to the circulatory system

are, besides the lymphatic and the mesenteric already mentioned, the spleen, the supra-renal capsules, and the thyroid.

The *spleen* is sometimes attacked by inflammation,

Splenitis.

China and *Ferrum* both have a specific action upon the spleen: and considering that inflammation of this organ is nearly always of malarial origin, the former medicine would appear remarkably well suited to it.

Hypertrophy of the Spleen,

as a sequela of ague, is not uncommon. The medicines already mentioned are useful in its treatment, but Dr. Maclean's results with the ointment of the *Biniiodide of Mercury** would lead me to try the internal administration of this medicine with the best hopes of success.

In connexion with the lymphatic glands and the spleen, I must speak of

Leucocythæmia.

We have no known medicine which causes any phenomenal resemblance to this disease. Nor does Pathology help us; for she has hardly made up her mind whether the mischief begins in the blood itself, or in the blood-glands. Aitken, however, mentions two cases in which its "origin obviously dated from inflammatory swellings of the lymphatic glands after exposure to cold and wet." This may

* See 'Brit. Journ. of Hom.,' vol. xxvi, p. 476.

give us a hint for the administration of *Iodine*, especially as he adds "a high degree of emaciation ordinarily accompanies it." But we want a medicine which shall certainly influence all the blood-glands,—the supra-renal capsules and the thyroid as well as the lymphatic glands and the spleen.

The only affection of the *supra-renal capsules* of which we know anything is

Addison's Disease.

According to Dr. Wilks, there is one special form of disease of the capsules with which the bronzed skin and other phenomena described by Addison are connected. This is analogous to the scrofulous enlargements of the lymphatic glands. The asthenia and other symptoms of the malady probably depend upon the relation of the organs to the ganglionic nerves. It becomes a question, then, whether we should treat the disease symptomatically, and as a whole, in which case Arsenicum would be indicated: or whether we should endeavour to attack the "scrofulous" disease of the capsules as if lymphatic glands were in question, as by Calcarea and Iodine. Perhaps the Arsenite of Lime (*Calcarea Arsenica*) would be useful in this disease. I have only seen one unquestionable case of it: and there neither Arsenicum nor Kreasote were of any avail to check the vomiting or to avert the fatal issue. But as the old school reports no better success, we are at least not worse off than they.

As diseases of the *thyroid gland* I shall speak of

the simple hypertrophy which we call bronchocele, and of the curious vascular enlargement generally styled exophthalmic goitre.

Bronchocele.

By this name, I say, I understand simple hypertrophy of the thyroid gland, excluding all cystic and other growths within it, which latter are the subjects of Surgery. I have already argued the homœopathicity of the later *Iodine*, and therefore of the older burnt *Sponge*, in its treatment. It is from these two medicines that we, in common with the old school, obtain most benefit in goitre. Nor is it always necessary to give them in material doses for the purpose. That such doses, carefully proportioned to the state of the gland and of the patient, may be given without risk is certain, from the observations of Dr. Kidd in the *Brit. Journ. of Hom.*, vol. xxv, p. 177. But in an earlier volume of that Journal (vol. iii, p. 439) you will find striking results recorded from Iodine 30: and in vol. xxvi, p. 670, no less satisfactory effects from medium and high dilutions of *Spongia*. Curiously enough, in one of the cases last referred to the burnt sponge was given in 3 grain doses of the crude powder, and with equal benefit.

Perhaps, then, your best plan will be to try in the first instance high dilutions of *Spongia* or *Iodine*, with which at any rate you can do no harm: and if these fail, to administer with caution small but material doses. Should you have to seek farther for remedies, I would call your attention to

the cases apparently cured by *Apis* in vol. xxiii of the Journal, p. 674; and to the observations on the power of the fluorides to produce goitre in vol. xxiv, p. 418.

Exophthalmic Goitre,

with its associated palpitation of the heart and protrusion of the eyeballs, is a very interesting disease. I have seen three cases of it, but in each have been hindered from some cause or other from following up the treatment. When anæmia is present, there can be no doubt of the advantage of *Iron*, as in the case so well recounted by Dr. Ker of Cheltenham in the Brit. Journ., vol. xxvi, p. 594. But very often no such condition of the blood obtains; and here you cannot do better than follow Dr. Kidd's practice in the case narrated by him (vol. xxv, p. 187), and give *Belladonna* as he did. I am not sure that I agree with him as to the similarity between the symptoms of disease and drug: but as to the true specific relation of *Belladonna* to the vascular nerves at fault there cannot be a doubt.

Of any diseases which may affect the thymus and pineal glands and the pituitary body I know nothing. And so I end my discussion of the circulatory system and its offsets.

LETTER XXXIX.

DISEASES OF THE URINARY ORGANS.

IN the present letter I enter upon the diseases of the Urinary Organs. The diseases of the *Kidney* will first engage our attention; and of these we shall begin with those morbid conditions of the organ with which albuminuria is associated.

Before proceeding to therapeutics, however, we must agree upon certain points as regards pathology and nosology. When writing to you upon Pharmacodynamics, I used the nomenclature of renal diseases which we learnt together from Dr. George Johnson. I do not find that I have been led into any real misstatements thereby. But to those who adopt a later pathology than his some of my language about “desquamative” and “non-desquamative” nephritis seems hardly correct. Let us come to an understanding, then, upon the terms we shall use.

There is no question raised but that (besides fatty and amyloid change) there are two distinct forms of Bright’s kidney,—the large, white, and smooth, and the small, hard, and granular. The causes and symptoms of the two varieties are as well recognised as their post-mortem appearances. Now Dr. Johnson* calls the former of these morbid conditions a “chronic

* On Diseases of the Kidney. 1852.

non-desquamative nephritis." He states that in it the epithelial cells are not found detached after death, nor do they appear in the urine during life; and that in fact the enlargement of the gland consists of a real hypertrophy of its secreting structure. He considers that the disease sometimes appears in an acute form, of which he gives three instances.

Dr. Dickinson,* on the other hand, maintains that the large white kidney of Bright's disease is simply the chronic form of the "acute desquamative nephritis" which both authors recognise as the result of cold and of scarlatina. I must say that on comparing the observations and arguments of the two writers, my judgment inclines to the side of Dr. Dickinson. Dr. Johnson's "non-desquamative nephritis" must thus drop out of my nosology. His acute cases I can without difficulty refer to the category of renal congestion or ischuria: while the chronic cases he so characterises are mostly, I think, examples of amyloid disease,—when he wrote little understood.

And now as to the hard, contracted kidney. Dr. Johnson styles it "chronic desquamative nephritis," and thinks that the diminution of the size of the organ results from the shedding of its epithelial cells. Dr. Dickinson, on the other hand, considers that the mischief begins in the fibrous matrix, and that the whole process is identical with that which obtains in cirrhosis of the liver. I care less here, save as a matter of pathological interest, to make my choice between the two. Both are describing the same disease, and both recognise its most im-

* On Albuminuria. 1868.

portant relationship, viz. that which it bears to gout. So, though I will call it, with Dickinson, "granular degeneration" (a name purely phenomenal), I will leave untouched the question whether it is a cirrhosis or a desquamative nephritis. You will find that the matter of treatment lies outside the sphere of dispute.

I have also, in my former letters, distinguished simple acute nephritis (as from cold) from the post-scarlatinal inflammation of the kidney. As the morbid condition in the two is identical, I will include them here under the common heading

Nephritis.

This will therefore correspond with the "tubal nephritis" of Dr. Dickinson, the "acute desquamative nephritis" of Dr. G. Johnson. In its recent form it is the "acute renal dropsy," "acute albuminuria," and "post-scarlatinal dropsy" of authors. In its chronic form it constitutes the majority of the cases in which the large white kidney of Bright's disease is diagnosed or discovered. I shall best treat it by discussing the principal medicines which have been used in its treatment.

Terebinthina, by general consent, stands at the head of our remedies for acute hyperæmic states of the kidney. That it is, speaking generally, homœopathic thereto I need not demonstrate to you. But I think it necessary to examine, with more accuracy than in my Pharmacodynamics, what is the exact condition to which it corresponds.

There is a typical case of its pathogenetic effects

related in ch. xi of Dr. Johnson's treatise. Besides the evidence of inflammation of the urinary passages, there was considerable hæmorrhage, which the presence of blood-casts of the renal tubes proved to have come from the kidneys themselves. But observe that albumen was found only when blood was present, and that no desquamation of renal epithelium could be discovered. These are, as I have satisfied myself, the usual effects of Turpentine upon the kidney. They signify, I take it, that its main influence is expended upon the Malpighian bodies, causing their congestion, which may manifest itself in hæmaturia on the one side, or in diminution even to suppression of the aqueous portion of the urine on the other. I shall have occasion to speak hereafter of its supreme value in these conditions. But now as to its application to nephritis. It would be preferable according as the congestion predominated over the desquamation. This obtains, according to Dr. Dickinson, in the nephritis from cold as distinguished from that from scarlatina. Our experience with the drug fairly corresponds with these pathogenetic indications. Dr. Kidd's paper on Bright's disease (*Brit. Journ. of Hom.* vol. xiii) first brought it prominently forward as a remedy. The first case in which he gave it was one of albuminuria of some months' standing, with great anasarca, from cold. The urine was scanty and smoky, sp. gr. 1018; under the microscope blood-globules only were observed. Complete recovery took place under four-drop doses of the pure spirit three times a day. The other case was apparently one of granular degeneration. But it had begun with hæmaturia from mechanical

violence: there was much anasarca, with hydrothorax; and the urine contained fibrinous casts and blood-discs. Terebinthina ϕ , gtt. j ter die, removed the anasarca and hydrothorax, and the general health righted; but the urine remained albuminous and of sp. gr. 1010 only. Nor do the cases of post-scarlatinal nephritis adduced by Drs. Henderson and Yeldham (Brit. Journ. vol. xiv, p. 1. Annals, vol. i, p. 386) lead to any different conclusion. In all the immediate effect of the Turpentine is to make the urine freer and clearer;—i. e. it liberates the Malpighian capillaries from their congestive torpor, so that the aqueous portion of the urine is freely secreted, and the loaded tubes flushed of débris and cleared for action. I have already said that I myself prefer Arsenicum in this form of the disease; but I do not question the results said to have been obtained from Turpentine.

Cantharis. It is generally assumed of this drug that its action is identical with that of Turpentine. But read Schroff's experiment with it as detailed by Dr. Clotar Müller (Brit. Journ. of Hom., vol. xvii, p. 550). Besides blood, albumen, and fibrinous casts, "epithelial cells from the renal tubes" were observed in the sediment. Then consider the case related by Dr. Dickinson (p. 50) in which the administration of mxxv doses of tincture of Cantharides caused pain in the loins and increased desquamation, but no blood: and after death there was intense injection of the superficial capillaries, i. e. those belonging to the secreting tubes. I think there can be no doubt but that Cantharis acts more on these latter than on those of the Malpighian bodies:

and is accordingly most suitable when desquamation predominates over congestion. It has been but little used in renal disease,—its action on the bladder seeming to have been most prominent in the eyes of our therapeutists. But it deserves attention in desquamative nephritis, especially when acute. Moreover, while neither Cantharis nor Turpentine has caused the œdema characteristic of Bright's disease, the former does produce its "head symptoms,"—delirium, convulsions, coma: and as these usually come on some days at least after the ingestion of the poison, they are very probably secondary to the renal mischief it sets up.

Arsenicum. This great medicine expends a considerable share of its influence upon the kidneys. In acute poisoning by it the urine is nearly always diminished or suppressed: and the presence of albumen is so constant a phenomenon that it has been assigned as a diagnostic mark between Arsenical poisoning and Antimonial. Then we have Dr. Mitchell's observations (New York Medical Journal, June 1865) of the repeated appearance of anasarca, with or without albuminuria, as an effect of large medicinal doses of Arsenic. Only "a few very pale tube-casts" were here observed by the microscope. But Dr. Quaglio's experiments, related by Dr. Cl. Müller in his paper already cited, enlarge our knowledge on this score. He slowly poisoned six cats with the Arsenite of Potash, during periods of from one to ten months, and produced in all more or less completely developed Bright's disease. During life the urine was scanty, and contained albumen, fat-globules, renal epithelium, fibrin-casts, and blood-

corpuscles; it was neutral in re-action, and the proportion of solids was below the standard. The animals died comatose: and after death their kidneys were found enlarged and hyperæmic, and the epithelial cells charged with fat and granules.

I should unhesitatingly have set these pathogenetic effects down to tubal nephritis but for the fact that in four out of these six cats there was found hypertrophy of the left ventricle. This Dr. Dickinson states he has never found in connexion with any other disease of the kidney but granular degeneration. While, therefore, I place *Arsenicum* among the remedies for Bright's enlarged kidney, I think it must be borne in mind in relation to granular and also to fatty degeneration.

It is perhaps the favourite remedy in our school—it is certainly mine—in post-scarlatinal nephritis. In the *Brit. Journ.* vol. xii, p. 485, and in the *Annals*, vol. iii, p. 477, you will find cases of albuminuria with dropsy otherwise occasioned in which it was of the utmost service: and a very remarkable cure by it (in drop doses of the *Liquor Potassæ Arsenitis*) is given by Dr. Henderson in vol. xiv, p. 20, of the *Journal*. Ascites and hydrothorax here complicated the anasarca.

The relation of Arsenic to inflammation of the serous membranes gives us another element in its homœopathicity to Bright's disease: and indicates its employment, if not previously, at least when they occur.

I must now speak very briefly of some other medicines which appear specifically related to tubular nephritis.

Digitalis appears to be the favourite remedy for this disease in the old school. It is administered as a "diuretic." But it is generally admitted that this action on its part is very different from that of the other substances which bear the name: and is rarely if ever to be obtained in the healthy subject. Indeed, in poisoning by large doses, suppression of urine is often noticed.

Chelidonium has caused very striking symptoms of desquamative nephritis. Besides the general phenomena of renal irritation, an examination of the urine in one case shewed the presence of cylindrical casts with epithelial cells. The mischief in this case was so considerable that œdematous swellings of the extremities occurred. The relation of *Chelidonium* to pneumonia here becomes important, because of the frequent occurrence of this inflammation as a complication of tubal nephritis in children. Dr. Buchmann gives one case of cure of chronic renal disease by this medicine: but it was treated at a distance, and too imperfectly described for identification.

Ferrum, especially in the form of the tincture of the muriate, is universally recommended in nephritis, when the acute symptoms have subsided. Dr. Johnson's own caution indicates the homœopathicity of its action here. "If," he writes, "the urine becomes more scanty or more deeply-coloured and albuminous after the use of the steel, it may be necessary to suspend it for a time, or to give it in smaller doses." In a discussion on a paper on the action of Iron at the British Homœopathic Society, Dr. Metcalfe mentioned a case in which

symptoms very like those of acute uræmia followed a single overdose of Iron, and subsided upon its elimination in the urine.

Of some of the complications of this form of Bright's disease I have already spoken under Cantharis, Arsenicum, and Chelidonium. I have only to add that for the vomiting *Kreasote* would probably prove the best remedy.

Granular Degeneration

is a very serious matter. Dr. Kidd, though ascribing benefit to the use of Nitric Acid, and—as in the case mentioned—to Turpentine, acknowledges its ultimate fatality in nearly all cases. I think our most hopeful outlook is in the direction of *Plumbum*. So frequent is granular kidney the result of plumbism, that in 26 out of 42 workers with lead, dying from various causes in St. George's Hospital, this lesion was discovered post-mortem (Dickinson). Cachexia and degeneration of tissue are characteristic of lead-poisoning, and in such conditions it has always been a valued remedy in our hands. Nor does the supposed intermediary development of gout impair the significance of the fact. Dr. George Moore, after a most thorough examination of the question, arrives at a verdict of “not proven” as to the causation of true gout or rheumatism by lead (*Brit. Journ. of Hom.*, vol. xxiv). And it is admitted that in many instances the granular kidney is the only gouty manifestation present in these subjects. I should prescribe, therefore, a lengthened administration of

Plumbum to all gouty persons—not lead-workers—in whom symptoms of renal degeneration began to appear. But what if this variety result from lead itself, or from valvular disease of the heart, or as a sequel to the albuminuria of pregnancy. In these cases I would direct attention to *Colchicum*. There is little doubt of this medicine exerting a specific action upon the kidney, showing itself sometimes by increase, sometimes by diminution of the urinary water, but always by a decrease in the elimination of the organic solids (Bocher). Such is the condition we have before us. The certain, though unexplained, relation of *Colchicum* to gout confirms the indications for its selection. You will remember, moreover, what I have said about the possible relation of *Arsenicum* to this form of Bright's disease.

Of the complications of granular kidney the cardiac hypertrophy need not be mentioned, as it is a compensatory change. The bronchitis which so frequently occurs would hardly call for *Aconite*: I have already suggested that this is probably the form of bronchial inflammation caused by *Mercurius corrosivus*. For pericarditis occurring in these patients I should depend upon *Colchicum*, or *Arsenicum* if the effusion be great. The dim sight of which they often complain appears to consist in a serous infiltration of the retina, with extravasations into its substance, and thickening of its connective tissue. It is not a hopeful condition: and for this, with the atheroma, the tendency to hæmorrhage, the cachexia, and the depression of spirits, I could only rely on such a medicine as *Plumbum*

which covers the central mischief. For the dyspepsia, if accompanied with much slimy mucus about the fauces, Dr. Kidd recommends *Nitric Acid*. Vomiting probably gets rid of some of the urea: but if it is excessive, *Kreasote* might help. When uræmic symptoms set in *Opium* is the only medicine from which much help can be expected: * but you will do well to aid it by setting the skin to work by a hot-air bath.

Of the general treatment of these cases I have nothing to say in addition to what has already been said by Drs. Johnson and Dickinson. The facts brought forward by the latter writer as to the influence of climate are very important. For myself, were I the subject of this disease, I would place abandonment of the British Islands as the first item in my treatment.

Amyloid Degeneration

of the kidneys—of old styled waxy or lardaceous, and by Dr. Dickinson (upon a hypothesis of its causation) named “depurative infiltration”—appears to be in all cases the result of a drain upon the system, especially of pus. In seeking for a remedy to suggest, I have come upon *Phosphoric Acid* as promising most. This medicine has well-known virtues in the hectic of the suppuration from phthisical lungs and carious bones: it might also remedy the more remote consequence now

* Dr. Drury declares it to be often of striking efficacy. Dr. G. Schmid recommends *Cuprum Aceticum*, and Dr. Marcy *Cannabis Indica*.

before us. Its close relative, Nitric Acid, has cured the same degeneration in the liver, and Phosphoric Acid has an affinity almost equal for the kidney, as we shall see farther on. Dr. Dickinson also notes the constant diminution of Phosphoric Acid in the urine in this disease.

The pulmonary complications of this amyloid degeneration probably call for the same treatment as those of tubal nephritis. The œdema and diarrhœa ought not to divert our attention from the main current of the treatment.

Fatty Degeneration

is a not uncommon accompaniment of the last-named, and indeed of every form of albuminuric disease. Correspondingly it has been caused and may be cured by *Arsenicum*. But whenever it presents itself, as in the cases described by Dr. G. Johnson, as an idiopathic and substantive affection, I would direct your attention to *Phosphorus*. You already know the relation of this medicine to fatty change as such; and a case of poisoning by it recorded by Dr. Hempel well shows its specific affinity for the kidneys.* In this connexion it is interesting to note that in one of Dr. Johnson's cases the affection (which came on in three weeks' time) appeared to be the immediate result of sexual excess. Moreover, fatty degeneration of the kid-

* The face was swollen: the urine scanty, high-coloured and frothy, containing albumen and exudation cells: amaurosis occurred. After death the kidneys were found congested and the uriniferous tubes blocked up.

neys has been observed in connexion with acute yellow atrophy of the liver; and the homœopathicity of the symptoms of Phosphorus poisoning to those of this malady has been attested by Frerichs himself.

Besides, the references already made, I may mention in connexion with renal disease and dropsy a paper by Mr. Pope in vol. xvi and another by Dr. Atkin in vol. xvii of the 'British Journal of Homœopathy,' and one by Dr. Gibbs Blake in vol. iii of the 'Annals.'

LETTER XL.

DISEASES OF THE URINARY ORGANS (*continued*).

IN my last letter I spoke of those conditions of the kidney with which albuminuria was associated. A few additional remarks upon this symptom in its more general relations will bring us to those maladies, obviously renal, but really in most instances lying farther back than those organs through which they manifest themselves to our observation. These are Chylous Urine, Diabetes, Gravel, and Azoturia.

Albuminuria.

That this condition may exist prior to, or even independently of, renal disease is unquestionable. You cannot read a better defence of this position than Dr. Meyhoffer's papers in the Monthly Hom. Review for 1866-7. Claude Bernard's experiment, by which irritation of the nervous centres induced albuminuria as well as glycosuria, hints the frequent neurotic origin of such cases. *Phosphoric Acid* and *Helonin* will then claim your attention. One of Dr. Meyhoffer's cases, and another in Hempel *sub voce*, will illustrate the action of the former: of that of the latter you will find evidence in the article on it in Dr. Hale's book.

Chylous Urine

is rarely seen in this country. Dr. Chapman, mentioning the value of *Phosphoric Acid* in nutritive derangements of children accompanied with a milky state of the urine,* suggests the use of this remedy in the "chylous urine" of the West Indies. If now you will read Dr. Lionel Beale's account of the constitutional symptoms of this disease, as observed by him in several cases,† you cannot fail to see Dr. Chapman's recommendation confirmed, and the homœopathicity of Phosphoric Acid to the whole condition established. *Uva ursi*, also, has some evidence in its favour (see Brit. Journ. of Hom., vol. iv. p. 420).

Diabetes.

The dietetic treatment of diabetes must always be of high importance. But it is not, in the nature of the case, and by the confession of its advocates, curative. Sometimes indeed under its use Nature, relieved of much of her burden, asserts her recuperative power, and when the patient returns to his usual regimen, he finds it unattended by its pristine consequence. But too often the diabetic regimen proves but a continuous and most irksome palliative; the least abatement of its rigid restrictions is followed by an increase of the malady, and the patient at length succumbs under pulmonary disease, carbuncle, or

* 'Brit. Journ. of Hom.,' vol. vii, p. 391.

† 'Brit. Med. Journal' for 1860, p. 772.

simple exhaustion of the powers of life. Until we can do more than cut off the supplies,—until we can attack the morbid process, we cannot consider ourselves in a position to cure diabetes.

In a paper on this disease in vol. xxiv of the Brit. Journ. of Hom., I have endeavoured to estimate our resources for effecting this end.

Traditional medicine has given us nothing but Opium and Kreasote. The former is confessedly only palliative; and though the virtues of the latter are dynamic if any at all, they are in this disease rare and uncertain.

Homœopathy on the one hand reports decided benefit in diabetic cases from general and symptomatic treatment, as by Arsenicum, Nux vomica, Calcarea phosphorica, and such like. On the other hand it reports certain complete or proximate cures with medicines presumably homœopathic to the essential lesion. Referring you to my paper for information as to Natrum sulphuricum and Asclepias vinetoxicum, I desire to concentrate your attention here on Phosphoric Acid and the Nitrate of Uranium.

Acidum Phosphoricum stands at present unquestionably in the highest place among the remedies for diabetes. The first notice of it is contained in the 16th vol. of the British Journal. Three very interesting cases are there recorded by the late Dr. Walker of Manchester, of which the following is a summary. Case 1 is briefly told: sugar was present in the urine, with the usual symptoms; improvement ensued, and the disease was for some time kept at bay by Phosphoric Acid and the saccharated (!) carbonate of iron (quantities not stated); but the

patient eventually sank under pulmonary disease. Case 2 was equally well-marked; the patient was put upon rigid diet, and took three times a day a dessert-spoonful of a solution of 14 grains of anhydrous Phosphoric Acid in 6 oz. of water. The sugar and the general symptoms soon disappeared; and when, six months after, the patient returned to his usual diet, he felt no ill effects; he was cured. In Case 3 the Phosphoric Acid was given in the same manner; but the diet was unrestricted. The sp. gr. of the urine fell in eight days of this treatment from 1035° to 1023°. The ultimate issue of the case is not recorded.—Next, in vol. xix of the same Journal, Dr. Ransford contributes two cases in which Phosphoric Acid was the main remedy,—in the first in the 6th dilution, in the second in grain doses of the anhydrous acid. The usual restrictions were put upon the diet. In both the sugar disappeared from the urine, and the patient got well.—Two other cases are cited in my paper in which the disease was kept at bay or nearly cured by the medicine.

What is the rationale of this unquestionably curative action of Phosphoric Acid? It cannot be other than dynamic, for it is exerted in all dilutions, though more markedly in the lowest. Whether it is homœopathic or not, the proving contained in the 'Chronic Diseases' does not enable us to say. But it deserves to be noted that Dr. Pavy found saccharine urine to result from the injection of Phosphoric Acid into the general venous system, and also from its introduction into the intestinal canal (On Diabetes, p. 82). He considers the *acidity* of the drug to

have caused the phenomenon; but he did not try whether other acids would produce the same effect.

In estimating the claims of Phosphoric Acid to be a remedy for diabetes, we must not forget its powerful action on the nervous centres, in whose derangement the disease often essentially consists.

Uranium Nitricum has even higher claims on our attention. In the Brit. and For. Medico-Chirurgical Review for 1857, it is stated, as the result of some experiments by M. Lecomte, that the gradual poisoning of dogs with small doses of Nitrate of Uranium invariably caused the urine to become saccharine. This fact, curious only in the eyes of an alloëopathic reader, was to a homœopath pregnant with suggestiveness. Its import was first pointed out by Dr. Bradford, of America, in the 'North American Journal of Homœopathy.' The earliest cases, however, were supplied by Dr. E. M. Hale, in the No. of the same Journal for Nov. 1861. Unfortunately no examination was made of the urine; but the symptoms were those of genuine diabetes. Of the three cases, two were cured, and one greatly ameliorated. I have given a *résumé* of these cases in my paper, and have followed them with three from my own practice. In the first, the sp. gr. of the morning urine was reduced under five weeks of the Uranium from 1042° to 1025°; and this without change of diet, which had previously been restricted. I have since seen this patient about, and he looks thriving: but I have had no professional intercourse with him. In the second, an old man, dieting and Nitrate of Uranium reduced the sp. gr. in a fortnight from 1035° to 1019°: and he

became and continues free from all diabetic symptoms. The third case, up to the end of the report, was a brilliant one. In four months' treatment he gained thirteen pounds in weight, improving correspondingly in health and strength. The urine had fallen from six pints daily to three, and its sp. gr. from 1035° to 1022.8° ; but it still contained some sugar. Much to my disappointment, I heard that this gentleman, of whom I had lost sight since Feb. 1866, had died of acute pulmonary disease.

I have had no cases of diabetes under my care since I wrote the paper above cited. But Dr. Drysdale (*Brit. Journ. of Hom.* vol. xxv, p. 597) has spoken of obtaining great benefit from the Uranium in this disease: and Dr. Eugene Curie, of Paris, has published three cases in the *Bull. de la Soc. Méd. Hom. de France* corroborative of its value. One was cured: and in the other two the quantity of sugar in the urine was reduced to one half. Another, from an American source, you may read in vol. xxvi of the *Brit. Journal*, p. 661.

During the present year, however, Mr. Edward Blake, of Wolverhampton—worthy scion of a worthy house—has been publishing in the same *Journal* a series of experiments with the Nitrate of Uranium on both men and animals. In none of these was sugar eliminated by the urine, and the only constant post-mortem appearance in the animals was ulceration of the stomach and duodenum. Mr. Blake's comments on the results he has obtained are

“1st. That the Nitrate of Uranium will not cause the urine to become saccharine.

“2nd. That the Nitrate of Uranium exerts a specific action on the circulation of the stomach and duodenum resembling that of Kali bichromicum and Arsenicum.

“3rd. That that action, which is usually ulcerative, is displayed to the most marked degree in the neighbourhood of the pylorus.

“If the power of producing glycosuria be denied to this drug, it will be asked ‘How, then, can the success of the Uranium treatment be explained?’ I think it must be attributed to the homœopathic rapport which exists between the pathogenesis of Nitrate of Uranium and the digestive symptoms so commonly seen in the diabetic.”

As a remedy for

Polyuria,

the so-called “diabetes insipidus,” you will naturally seek to medicines of the order “diuretics.” Of these *Scilla* deserves your best attention. The first case in which I gave it was an Indian officer, who had for two years been passing an inordinate quantity of pale urine. There were no special symptoms present, but the drain seemed to keep his health and strength below par. Phosphoric Acid, which I first gave, did no good. He then got *Scilla* 2, three drops in water twice daily. After taking this for three or four weeks, he reported that the urine had fallen to its normal amount, and that he was feeling quite well. I have since given it in a similar case with equally good results.

Gravel.

It is necessary to have clear ideas about the various morbid states included under this term. I will divide them into four groups.

1. There may be actual *excess* of lithic or phosphoric acid formed in the system, and eliminated by the urine. This is indeed rare, especially as regards phosphoric acid. Excess of lithic acid is of course characteristic of the gouty diathesis: and I have already told you what we can do to modify this. The only additional question raised by this manifestation of the diathesis is that of giving alkalis. I cannot think that we should refuse the temporary aid of these remedies when we have reason to apprehend concretion. Excess of phosphoric acid implies waste of nervous tissue (more rarely disease of bone, as mollities ossium). Its best medicine would probably be Phosphoric Acid itself in the dynamized form.

2. There may be *deposit*, without excess, of lithic acid or lithates on the one hand, or phosphates on the other. They arise, as you know, the one from a too acid, the other from a too alkaline urine. Again there can be no objection that I can see to redressing temporarily the balance of an over-acid urine by chemical measures. But you will be too wise to expect its radical cure from anything but proper diet and mode of living. In this category you will consider the regulated use of Lemon-juice, of whose value Dr. Kidd has furnished so many striking illustrations (Brit. Journ.

of Hom., vol. xxi, p. 43). Deposit of lithates is generally connected with some temporary derangement of health, and here requires no special treatment. Its occurrence in a permanent form, as one of a group of symptoms pointing to digestive derangement, I have always found an indication for *Lycopodium*. If, however, the symptoms be rather neuralgic, the presence of abundant lithates leads me to *Quinine*. I cannot explain why it is so: but I give it you as a bit of experience.—Alkaline urine, when secreted so by the kidney, must depend upon a depressed state of the general, especially the nervous, system. *Phosphoric Acid* is here again likely to help as a medicine; and if you like to give it in material doses so as to obtain its chemical as well as its dynamic effects I at least shall not quarrel with you. But I apprehend that alkaline urine is most frequently the result of inflammation of some part of the urinary mucous tract, and requires the treatment proper thereto.

3. I suppose that the use of nitro-muriatic acid in *oxaluria* is one of the most satisfactory bits of the ordinary practice. What is the rationale of its action? There is no alkaline condition here to be chemically neutralized; indeed, the alliances of the oxalic are rather with the lithic than the phosphatic diathesis, as Dr. Bence Jones has demonstrated. I suspect that the nitro-muriatic acid is a *tertium quid* different either from the nitric or the muriatic: and that its action in oxaluria is specific and dynamic. I must add, however, that—upon the analogy of the usefulness of Phosphoric Acid in the phosphatic diathesis—I gave *Oxalic Acid*

itself, in the 12th dilution, to a case of this kind, and with very satisfactory results.

4. When, in connexion with any of the causes and varieties of gravel, *renal calculi* are formed, the case is passing into the region of chemistry or surgery. Your general and medicinal means may indeed still check their multiplication or increase. If pain accompanies their passage down the ureter, Dr. Beakley tells us that five-drop doses of *Chamomilla* 1 frequently repeated will relieve: but I should be prepared with the inhalation of chloroform in the very probable event of its failure.

Azoturia

—i. e. excess of urea in the urine—you are hardly likely often to encounter. If you should do so, you will read with interest Dr. Drysdale's case in vol. xxv of the Brit. Journal, in which, after the failure of remedies symptomatically selected, *Senna* ϕ , four drops twice a day, was given with marked benefit. Dr. Drysdale was led to this medicine by the statement in Cl. Müller's paper that *Senna* invariably causes in healthy persons an increase in the amount of urea, chloride of sodium, earthy phosphates, and urates in the urine, the specific gravity of which is consequently increased. You may also consider what has been said of *Causticum* (Pharmacodynamics, p. 205), though I do not know that urea formed part of the undue tissue waste it has been found to rectify.

LETTER XLI.

DISEASES OF THE URINARY ORGANS (*continued*).

I HAVE hitherto been speaking of disorders in which renal mischief is but one, however important, element. But I must now tell you what we can do when the kidney itself is primarily and solely affected.

Renal Congestion,

though not mentioned in our systematic treatises, I take to be no uncommon malady. I do not mean their chronic and mechanical engorgement, as from valvular disease or pregnancy; but an acute hyperæmia of the glands, short of inflammation, caused by cold. Here, as you might expect, *Terebinthina* is an almost infallible remedy. I have always given the 3rd dec. dilution.

The condition just mentioned probably lies at the bottom of

Suppression of Urine,

and we accordingly have a case cured by Dr. Yeldham with *Terebinthina* 1, in which no urine had been passed for four days (Annals, I, p. 386). Suppression of urine has also been observed in cases of

poisoning by *Mercurius corrosivus*, Arsenic, and *Kali bichromicum*; so we have some medicines to fall back upon, should Turpentine disappoint us. The last named is said to have been beneficial in the ischuria which follows Asiatic cholera, whose association with absence of the biliary secretion suggests its dependence upon drain of fluid from the blood rather than direct action of the poison upon the glands.

Hæmaturia

is often another manifestation of renal congestion, and *Terebinthina* is nearly always serviceable in its treatment. If it be a part of general purpura, you will of course treat it on the principles laid down when speaking of that disease. I cannot say whether *Arnica* is of service when bloody urine depends, as it frequently does, upon mechanical disturbance of renal calculi. In the so-called "intermittent hæmaturia" no blood whatever is present, according to Dr. Lionel Beale.* Dr. Trinks has recorded a case (*Annals*, vol. iii, p. 228) in which hæmaturia was the prominent symptom of post-scarlatinal nephritis. As anæmia was already resulting, he gave *China* 1st dec., three drops every four hours, with the result of rapid disappearance of both local and general symptoms.

Hæmaturia from disease of the bladder requires the treatment of the disease it complicates. Its presence, however, is in chronic cases an indication for *Ferrum Muriaticum*: and, when acute, it calls

* See the 'Practitioner' for Aug., 1868.

for *Hamamelis* or *Millefolium*, besides the local measures in which I need not instruct you.

Under the heading

Pyelitis

I will now speak of the forms of suppurative nephritis, which nearly always begin in the medullary portion and the pelvis of the kidney. A large number of them are either secondary to bladder disease, or they manifest their existence largely by symptoms of distress of that organ. Sir B. Brodie has given a capital account of these cases. He believes that they often arise from "an injudicious use of large doses of copaiva and cubebs, especially the latter;" and that it is here, and not in simple catarrh of the bladder, that *uva ursi* and *buchu* exert the influence which has given them repute in urinary disorders. He also recommends the Tinct. Ferri Murialis. These hints may be of service to us. The *Uva ursi* and the *Ferrum Muriaticum* promise most: and the former has cured a case of the kind.

Nor can I suggest anything better when pyelitis arises from mechanical violence or from the irritation of calculi. If there is drain of pus from the kidney, you will of course keep your patient up by *China*.

Of cancer and tubercle of the kidney, in their therapeutical aspects, I have nothing to say: and so we will pass on to the urinary passages, which we have already approached when speaking of pyelitis. Let us take first the diseases of the *bladder*.

Cystitis,

in its acute form, is rarely met with. When occurring as a metastasis of gonorrhœa, it must be treated with *Cantharis*; and the constitutional irritation will generally require the alternation therewith of *Aconite*. When resulting, as it sometimes does, from local damp, *Dulcamara* is even better than *Cantharis*. Chronic cystitis—catarrh of the bladder—is common enough, though generally secondary to stricture, stone, diseased prostate, &c. You are not the less to apply to it your specific remedies, while of course you will not neglect the treatment appropriate to the primary affection. Here again *Cantharis* takes the first place, but *Cannabis sativa* closely treads upon its heels. The clogging of the catheter with mucus described by Morgagni in poisoning by the latter drug is just what is often observed in this malady. The *Chimaphila umbellata* is another medicine specifically applicable to this condition, especially when occurring in women.

The remedies used in old-school practice for chronic cystitis—notably *parcira brava*, turpentine, and cubebs—are almost confessedly homœopathic thereto; and you may bear them in mind in the event of your having to go beyond the medicines commonly used by Homœopathic physicians.

Irritable Bladder,

without inflammation, is often a symptom of gout, when *Nux vomica* may relieve it. If it be a

simple hyperæsthesia, you will generally get good results from a persevering use of *Belladonna*. But if the irritability be diurnal only—indicating a localization in the inferior portion of the bladder,—and without spasm, *Ferrum* is specific. The precisionising involved in this last bit of practice we owe to Dr: Robert Cooper of Southampton (Annals, vol. v, p. 399).* You must remember that irritability of the bladder sometimes arises from disease remotely seated,—as in the kidney, the uterus, or the rectum: or from an irritating quality of the urine.

* His cases are peculiarly instructive. The first was “a light-haired, pale complexioned, delicate little girl,” who had been suffering for two weeks from “incontinence of urine, coming on nearly every half-hour, sometimes oftener, but only in the day-time, and invariably ceasing on her retiring to bed at night, and when lying down during the day.” She had been taking much allœopathic medicine, chiefly Iron. After *Podophyllum* had been taken for three days without avail, Dr. Cooper, suspecting that the Iron had caused the trouble, gave *Arsenicum* as an antidote, and in less than a week no trace remained of her distressing malady. Then the brother of the little girl, two or three months afterwards, was afflicted in a precisely similar manner: and as there was with him no antecedent history of pernicious medication, he got *Ferrum Phosphoricum* 1 with speedy and complete success. The next case was of a woman, æt. 65, a teetotaler: her symptoms were aggravated after drinking tea. The same medicine and dose cured in a few days: the trouble had lasted six months. The fourth case was after parturition, and the vesical disorder was accompanied with metrorrhagia and a sense of bearing down and weakness in the hypogastrium. All the symptoms disappeared in a few days under the Iron. In these cases the phosphate was given; but in a fifth the acetate acted equally well, and in the 6th dilution. In the sixth case—a man—the phosphate was again successfully prescribed: it seemed to him as if any fluid he took went right through him ten minutes after.

Strangury.

By this term (of which dysuria is a practical equivalent) I mean frequent, difficult, and painful micturition,—a small quantity only being passed at a time. It is, I suppose, an affection of the neck of the bladder, and may be either nervous or inflammatory. When it occurs in an acute form—and I know few seizures more painful—do not care to inquire to which of these categories it belongs, but give your patient repeated doses of *Camphor*, and I promise you that you will earn his grateful thanks. The same treatment is applicable when absorption of cantharides from a blister is the cause of the symptoms. In cases of less urgency, you will with advantage discriminate between the inflammatory and the nervous variety. In the former, you can hardly do better than give *Cantharis* itself, if your patient be of the male sex. But if the dysuria occur, as it very often does, in a woman, I commend to you *Copaiba* and the *Eupatorium purpureum*. The cases in which I have seen the former act so well have all been women advanced in life: but I do not know that it has any special suitability to these. In nervous dysuria you will find *Belladonna*, in the 1st dilution, a rarely-failing remedy. If you should want another, you may try *Apis*.

Retention of Urine

may be either spasmodic or paralytic. The former variety will come under our notice in connexion

with stricture of the urethra. The latter is a true paralysis of the bladder. When occurring idiopathically, as in a case described by Sir B. Brodie (Lectures on the Urinary Organs, 4th Ed. p. 101) *Opium* ought to be its remedy ; and the same medicine might help the catheter to prevent accumulation of urine in typhus. When paralysis of the bladder occurs in connexion with disease or injury of the spine it might be thought that little could be done for it. But I have seen power return, and ammoniacal urine become healthy, in a case of this kind under drop doses of the Tincture of the Muriate of *Iron*.

Hysterical retention is of this character : and while I concur in the desire not to use the catheter for it if possible, I cannot suggest any medicine capable of supplying the instrument's place.

Stone in the Bladder

calls for our medicines only to diminish the inflammation it sets up : and of these I have spoken under Cystitis.

Cancer of the Bladder

is hardly likely to be touched by anything you can do for it : but the hæmorrhage to which it gives rise may be checked by *Ferrum Muriaticum*.

Passing now from the bladder to the *urethra*, and reserving gonorrhœa and gleet for the diseases of the male sexual organs, I shall have to speak of

Stricture.

You may think that I am here presuming upon the province of Surgery: but it is not so. Let me cite Sir B. Brodie's sketch of the usual history of these cases. "The patient voids his urine in a diminished stream. The diminution gradually increases, being sometimes attended with a slight mucous or muco-purulent discharge. By-and-bye there is a complete retention of urine. This subsides spontaneously, or is relieved by art. After an interval, which may vary from weeks to months, or even to years, he is overtaken by another attack of retention. During the whole of this time the stream of urine continues to become smaller; it is flattened, or otherwise altered in shape, or divided into two. At last the urine never flows in a stream larger than a thread, nor without great effort and striving." Now there are three stages in this melancholy progress in which our medicines will render effectual help.

1. The first is in the attack of retention, when the stricture is narrowed by spasm or inflammation, or both. When pure spasm is present, it will generally yield with great rapidity to repeated doses of *Camphor*. When inflammation predominates or complicates, as from gonorrhœa or irritating injections, you may depend with equal confidence upon *Aconite*. With these medicines, and the warm bath, you will seldom need the catheter.

2. I think there is no doubt but that the incipient symptoms of organic stricture of the urethra may be in many cases abolished by the administra-

tion of *Clematis*. I have given you the evidence for this statement when speaking of the medicine in question in my letters on Pharmacodynamics.*

3. When organic stricture has become confirmed, so that mechanical dilatation is indispensable, Dr. Yeldham testifies to the great advantage of having such medicines as *Aconite* and *Cantharis* to control all inflammatory and spasmodic tendencies prior to the introduction of instruments. *Aconite*, moreover, administered after their passage, has been found to prevent the sometimes perilous rigor which in susceptible persons follows the operation.

The surgical diseases of the prostate, i. e. the mechanical consequences of its enlargement, belong to those of the urinary organs. But physiologically the gland is a part of the male sexual system: and its only disorder which is under medical control—viz. inflammation—rarely occurs save in connexion with gonorrhœa. So I will speak of it in my next letter.

* See also 'Brit. Journ. of Hom.,' vol. xxiv, p. 689.

LETTER XLII.

DISEASES OF THE MALE SEXUAL ORGANS.

IN the present letter I shall begin, if I do not finish, the consideration of the maladies affecting the male sexual organs, including those of the testicle, the spermatic cord, the prostate gland, and the penis and scrotum.

Of the diseases of the *testis* I shall speak first of

Orchitis.

We are most familiar with this disease when occurring secondarily to gonorrhœa. In these cases it seems to be the epididymis on which the stress of the mischief falls: while in orchitis from cold, from sexual excess, or from mumps, the body of the gland is mainly affected. Whether there should be a corresponding difference in the treatment,—whether the testis and epididymis are as distinct pathologically as the cortical structure and the pelvis of the kidneys, I cannot say.* In my own experience *Pulsatilla*, with *Aconite*, has given me every satisfaction alike in the orchitis of gonorrhœa and in that of mumps: and it appears to be the general favourite. *Clematis* is its only rival: and although its efficacy has been ques-

* Parenchymatous orchitis is generally more painful than epididymitis, especially if the tunica albuginea is involved: and would hence require more *Aconite*.

tioned (see Hempel's *Mat. Med.* vol. ii, p. 511), there is a case of Dr. Ransford's in the *Brit. Journ. of Hom.* vol. xxv, p. 659, in which no medicine could have acted better. *Spongia* has some evidence in its favour. Its symptoms point to irritation of the tunica vaginalis and spermatic cord rather than of the body of the gland. I have never employed ice or compression in this disease; nor do I think either necessary: but there is of course nothing to forbid them.

Sarcocele

is a term including every variety of solid enlargement of the testis. Where the tumour is carcinomatous, enchondromatous, cystic, or fibro-plastic it hardly comes within the range of Medicine: and any interference must be in the way of castration. Simple, strumous, and syphilitic sarcocele are the varieties of the disease of whose treatment I shall speak.

1. Simple sarcocele means chronic orchitis, with induration. The medicines I have already mentioned in connexion with acute orchitis—*Pulsatilla*, *Clematis*, and *Spongia*—have occasionally proved useful here. But two important additions to their number are *Aurum* and *Rhododendron*. I have myself seen the best effects from *Aurum*. Dr. Yeldham considers it specially applicable when the cord is palpably enlarged, and is affected with neuralgic pains. *Rhododendron*, like *Spongia*, seems to act mainly if not entirely on the tunica vaginalis: as you will see in its proving, and in the cases cured by it.

2. Strumous sarcocele may be either chronic orchitis in a patient having this diathesis, or actual tubercular deposit,—the latter generally in the epididymis. In the former *Spongia*—and perhaps *Iodine* itself—would bid fair to be useful. In the latter a general anti-scrofulous treatment, medicinal and hygienic, would probably give the best results.

3. To the usual remedies for syphilitic sarcocele, *Mercury* and *Iodide of Potassium*, we have *Aurum* to add.

Irritable Testicle

is so often a symptom of other mischief, as varicocele, disease of the prostate or prostatic urethra ; or a result of improperly-regulated sexual functions,—that its treatment is usually “tolle causam.” *Ignatia* ought to be a useful medicine.

Neuralgia Testis

may be said to exist, when, without or besides morbid sensibility of the gland, paroxysms of sharp pain occur from time to time. *Aurum* is usually recommended for it : but I would direct your attention to the proving of *Hamamelis* by Dr. Burt in vol. xxiv of the Brit. Journ. of Hom., p. 610. Full doses of the fluid extract of this drug gave him such excruciating pain in the testicles that he was compelled to discontinue the proving. He has only hitherto made use of this pathogenetic fact in the treatment of ovarian neuralgia : but I have myself given *Hamamelis* in a case of neuralgia, with heat

and morbid sensibility, of the testicles with very satisfactory results. *Colocynth*, also, deserves consideration (see Mr. Pope's remarks in the Monthly Hom. Review, Dec. 1868, p. 733).

Impotency.

In undertaking the treatment of a case of this kind, you will of course begin by ascertaining whether your patient has any discoverable disease of the testis or cord, or of the kidney; whether he is dyspeptic, or has oxaluria; and whether it is moral treatment rather than medical which is required. When these causes of impotency have been eliminated, there remain three others to which his trouble may be traced, and which require treatment accordingly.

1. The fault in many instances is in the nervous centres. Sometimes the sexual weakness is one element in general paralysis, especially locomotor ataxy. Sometimes there is a history of a blow or fall, when you will think of *Arnica* or *Hypericum*. You will observe cases of this variety, moreover, in which the loss of power is not in the testicles, but in the ejaculatory, erectile, and intromittent functions. This, which is a true paralysis, has been caused and may be cured by *Arsenic*. In some cases of conjoined sexual atony and cerebral depression *Kali bromidum* might prove useful.

2. Impotency may be the result of over-indulgence of the sexual functions, in which event it is usually complicated with spermatorrhœa (q. v.). Rest to the exhausted organs, and the administration

of *Phosphorus* and *Phosphoric Acid*, are the remedies.

3. A premature senility, or a sort of general eunuchism with or without atrophy of the testicles, may be the condition of the patient who consults you for impotency. *Baryta carbonica* is good here : and *Conium* is so homœopathic that it ought to be of service. The same may be said of *Agnus castus*, which Stapf states that he has several times used with success in impotence. Perhaps *Camphor* should be added to the list.

Sterility

in the male subject—i.e. capacity for sexual intercourse but inability to procreate—so generally depends upon organic causes that it rarely comes within the reach of medicine. If it be associated with atrophy of the testicles, the medicines capable of causing this atrophy, viz. *Iodine* and *Conium*, might be tried.

Spermatorrhœa.

We owe to Lallemand the demonstration of the frequent dependence of this trouble upon chronic inflammation of the prostatic portion of the urethra, with the seminal ducts and vesicles, and the prostate. But we are not, I think, to follow him in the treatment of such cases by the local application of nitrate of silver,—roughly homœopathic though it be.* We shall accomplish the same end by our

* A milder local treatment is advocated by Dr. Vaughan-Hughes

internal medicines, which by elective affinity seek out and influence the affected part. The chief of these are *Cantharis* and *Staphysagria*. Dr. Kidd speaks highly of the former:* and I have myself seen great benefit result from the latter.

Excluding the comparatively rare instances in which spermatorrhœa results from rectal irritation, which must be treated with reference to the latter region; and from suppressed cutaneous eruptions, where Sulphur is required, the only other form of spermatorrhœa we have to combat is the atonic, from masturbation or sexual excess. Hahnemann and his immediate followers, as Hartmann, consider *China* specific in this condition. It would suit the condition of morbid irritability in which it commences admirably. "The frequent and morbid excitement of the sexual organs, resulting in an involuntary emission of semen, and caused even by slight abdominal irritations, is permanently relieved by *Cinchona*:" so writes Hahnemann. Later on *Phosphorus* and *Phosphoric Acid* become our most suitable medicines: and, in alternate use and varying dilutions, will be found very serviceable. I must confess, however, that the after-effects of long-continued masturbation are not easy to remove. Perhaps the habit is seldom entirely broken off.

in a paper on this disease, under the title of "The Irritable Prostate," in vol. v of the 'Annals.' You will weigh his recommendations in unusually obstinate cases.

* 'Annals,' vol. v, p. 131.

Hydrocele,

in its common vaginal form, has not unfrequently been cured by Homœopathic remedies. "Acute hydrocele," i.e. inflammation of the tunica vaginalis independently of the other contents of the scrotum, would probably find its best remedy in *Spongia*. But chronic hydrocele is rather a serous dropsy. *Pulsatilla*, *Rhododendron*, and *Aurum* are again the medicines which have done the good service to the testicle: but *Graphites* is to be added. Cases illustrative of the action of *Pulsatilla* and *Graphites* by Dr. Black may be read in the 'Brit. Journ. of Hom.,' vol. vii, p. 525, and there is a case cured by *Rhododendron* by Dr. Hastings in the same Journal, vol. xviii, p. 351. I have myself seen a hydrocele disappear under *Aurum*.

In cases which refuse to yield to this treatment you will consider the arguments of M. Jousset, to which I have already directed your attention (*Pharmacodynamics*, p. 329), and which go to prove that the *Iodine* injections so successful in hydrocele cure, not by setting up inflammation, but by a specific alterative influence exerted upon the serous walls of the sac.

The disorders of the *spermatic cord* which come before us for treatment are varicocele and retraction of the testicles.

Varicocele

is as open to specific treatment as is varix occurring elsewhere in the body, and by the same medicines,

viz. *Hamamelis* and *Pulsatilla*, whose affinity for the testicle gives them especial power over this local variety of the complaint. You may use a suspender or apply the pressure of a truss as you please : but I think you will find that the "radical cure" of varicocele is better obtained by the use, internal and external, of these specifics than by any of the operative procedures now in vogue.

Retraction of the Testicles

must imply a spasm of the cremaster muscle. We are familiar with it as a symptom of the passage of a renal calculus : and even in apparently idiopathic cases it would be well to see if there is any obscure urinary irritation at the bottom of it. But if none such is discoverable you will do well to consider the frequent appearance of this symptom among the subjects of lead-poisoning : and Teste's statement, that he has employed *Plumbum* with particular success in "an excessively painful retraction of the testicles and penis, which seemed to re-enter the hypogastrium (in consequence of prolonged venereal excesses and repelled tetter)."

When now we come to the *prostate* gland, you will naturally think of that chronic enlargement of its substance which is one of the troubles of old age. I cannot tell you that medicine has any control over this : nor indeed is it likely. I can only speak of the treatment of acute and chronic inflammation of the gland.

Prostatitis

is rarely seen save as a complication of gonorrhœa or gleet. In its acute form *Pulsatilla* appears to be its specific remedy, with or without Aconite as may be required. If the inflammation tend to linger in a subacute form, Dr. Yeldham recommends the administration of grain doses of Kali hydriodicum. Chronic prostatitis may be helped by *Pulsatilla*, but finds a still more efficient remedy in *Thuja*. A good case of it, treated mainly by this medicine, is recorded in the 'Brit. Journ. of Hom.,' vol. xxiv, p. 499.

We have lastly to consider the diseases affecting the *penis* and *scrotum*, and will begin with the most common and central of all the maladies of the male sexual organs,

Gonorrhœa.

I have no opinion to offer as to the abortive treatment of this disease, whether by the Sepia 30 recommended by Jahr, or by the injections of the old school. But I can confidently recommend the following treatment for the fully established disorder.

If your patient has it for the first time, and the inflammatory symptoms run high, put him on a low dilution of *Aconite*, and trust to this medicine alone. A case by Mr. Pope in vol. xxv of the 'British Journal,' p. 508, will show you what it can do. When the inflammatory symptoms have subsided, or if they have been moderate from the first, give *Cannabis sativa* steadily. It seems generally agreed

that the proper dose for this medicine is from one to five drops of the mother-tincture. The only additional remedy likely to be required in acute gonorrhœa is *Cantharis*, which should be given intercurrently with the other medicines when the urinary symptoms indicate that the inflammation is extending towards the bladder.

Chronic gonorrhœa—"gleet"—is not always amenable to internal remedies, though to the *Fer-rum Muriaticum* of the old school we have to add *Cannabis*, *Petroselinum*, *Sepia*, and *Thuja*. The last is especially serviceable when the prostate is involved, or when condylomata are present. *Zin-cum Muriaticum* has been found useful by Tessier. If you have to use injections, those recommended by Dr. Yeldham are effectual and uninjurious, viz. Liq. Plumbi Diacet. ʒss, Aquæ Destill. ʒj, and an infusion of an ounce of powdered Hydrastis root to a pint of water.

For further information upon the treatment of gonorrhœa and gleet I refer you to the last-named author's capital book on "Homœopathy in Venereal Diseases," and to some observations by Dr. V. Meyer in the Brit. Journ. of Hom., vol. xv.

I have said nothing about the Copaiba and Cubebs of the ordinary treatment. There is little doubt of their action being of a specific nature: and perhaps some day they may find their place in the Homœopathic treatment of the disease.

Balanitis

is not a very serious matter: but any one will

thank you for telling them how rapidly it may be subdued by *Mercurius*. In neglected cases Dr. Yeldham recommends the local use of *Calendula*.

Soft Chancre,

with its suppurating bubo, is now generally recognised as a local affection. *Mercurius* is its great remedy, not on account of its relation to the syphilitic poison, but because of its action on the part, and its power over ulcerations generally. For the same reasons *Nitric Acid* is an excellent medicine wherewith to re-inforce the action of *Mercurius* when that is flagging.

If the chancre should become phagedænic, it seems generally agreed that *Mercurius corrosivus* is the best medicine to arrest the mischief; but I have known it cause disappointment. All these medicines are recommended in the lowest potencies.

The treatment of the chancrous bubo I will borrow from the large experience of Dr. Yeldham. He recommends the early evacuation of the matter. But if this has been delayed, or the patient is unhealthy, and the bubo becomes phagedænic, "it demands the most careful management, both local and constitutional. The former consists, first, in the use of warm linseed poultices; and, secondly, of *Calendula* lotion, in the proportion of one part of the tincture to eight of water. Cotton-wool should be soaked in this, and laid in, and over, the wounds. The constitutional treatment consists in the administration of the *Biniiodide of Mercury*, in two or three grain doses of the 2nd dec. trituration,

if Mercury has not already been given ; or, if it have, of *Acidum Nitricum*, in ten drop doses of the 2nd dec. dilution ; or of *Kali hydriodicum*, in one or two grain doses, three times a day. The patient's powers should, at the same time, be sustained by a generous diet, to which a table-spoonful of cod-liver oil every night is an excellent addition. He should, also, keep himself quiet, and as much as possible in the recumbent posture. Movement, from the peculiar situation of the disease, tends to retard the healing process" (Homœopathy in Venereal Diseases, p. 73).

I must add, however, that *Carbo animalis* has considerable reputation in dispersing these buboes, even after fluctuation can be detected.

Elephantiasis of the penis and scrotum (and prurigo of the latter) belongs to Cutaneous diseases ; but I must speak of the form of cancer which affects them, and which is nearly always

Epithelioma.

If this could be seen and treated early, I should expect very good results from *Thuja*. Later, *Arsenic* would probably do all that could be expected from medicine.

Inflammation of the Scrotum

is either of the "diffuse" form, affecting the abundant cellular tissue : or one threatening mortification, analogous to the noma pudendi of the other sex. *Apis* for the former, *Arsenicum* for the latter, would be the suitable medicines.

LETTER XLIII.

DISEASES OF THE FEMALE SEXUAL SYSTEM.

THE disorders peculiar to the female sex will next engage our attention : and from the frequency with which they come under our notice will demand a careful consideration. I have abundant material on which to draw,—England, France, Spain, and America having each produced a treatise on the Homœopathic treatment of these maladies, from the pen of Leadam, Jahr, Croserio, and Guernsey respectively. Besides these there are Dr. Peters' Treatises on the " Disorders of Menstruation " and on the " Diseases of Married Females."

I begin with the diseases of the *ovaries*. Very little is known of the action of medicines upon these organs : but their homology with the testes leads us to apply to their morbid conditions the remedies suitable in the corresponding diseases of the latter ; and we have every reason to trust the soundness of our inference.

Ovaritis

is very uncommon in an acute form : but when occurring, as from sudden suppression of the menses, *Aconite* and *Pulsatilla* are its medicines, as in the corresponding acute orchitis. When occurring in

connection with gonorrhœa, Dr. Ludlam recommends the internal and external use of *Hamamelis*. If the peritoneum be involved, Belladonna is his remedy : but I have seen this element in ovaritis rapidly dispelled by *Mercurius corrosivus*, while *Pulsatilla* was required to complete the cure. *Colocynth*, also, must be remembered here. *Pulsatilla* is often serviceable also in the more frequent chronic form of the disease : but it has a rival in *Conium*, which is strongly recommended by Dr. Drury. Platina is recommended by Dr. Hering in induration,* Lachesis in abscess of the ovary.

Chronic ovarian trouble often comes before us as

Ovarian Neuralgia.

It seems probable that a large proportion of these cases depend on chronic subacute inflammation of the surface of the organ and of the adjacent peritoneum (ovarian folliculitis and pelvi-peritonitis). We should have here, besides the occasional paroxysms, permanent tenderness and enlargement, and perhaps continuous pain. But there may unquestionably be a pure neurosis of the ovary, answering to the irritable and neuralgic testicle. Of the three cases cured by Dr. Burt with *Hamamelis* (Brit. Journ. vol. xxiii, p. 614) the first seems to belong to the former, the second and third to the latter category. This medicine is also highly praised in the inflammatory form by Dr. Ludlam, of Chicago, in his very interesting Clinical Lecture on

* See a case by Mr. Harmar Smith in the 'Brit. Journ.' vol. xxv, p. 157.

Ovaritis in the United States Medical and Surgical Journal, from which I have already quoted. *Colocynth* is also in considerable repute in ovarian neuralgia. Its virtues are probably owing to its specific influence upon the peritoneum,—chronic inflammation of the ovarian portion of this membrane so often lying at the bottom of the symptoms. In pure ovarian neuralgia Dr. Ludlam recommends Atropine or Valerianate of Zinc.

Ovarian Dropsy.

In thinking over the possible curability of this disease, it must be remembered that it corresponds, not with hydrocele, but with cystic disease of the testicle. As the only help for the latter is castration, so it would appear that ovariectomy is quite in place for the former. But as there is no hurry about these cases, it is worth while testing the reputed virtues of some of our medicines. Of these *Apis* and *Iodium* stand first: some cases illustrating the action of the former have come from America, and there is one cured by Iodine in the Brit. Journ., vol. xx, p. 588. In Dr. Leadam's book there are two cases, one of apparently complete cure, the other of great diminution of size. In the former many medicines were given, according to the general symptoms: the latter had Sepia and Sulphur. The only case I have had an opportunity of treating was a tolerably favourable one, the tumour being unilocular, and the patient's general health excellent. I gave *Apis* persistently, and in various dilutions, for three months: and

then again after having tapped her, but without any result. *Bromide of Potassium* seems coming into use in the old school in the treatment of ovarian dropsy, and Dr. Black has just published (Brit. Journ. of Hom., Jan. 1869) a case cured by this medicine in grain doses three times a day.

If ovariectomy is decided upon, our remedies for peritonitis and vomiting would probably go far to diminish the possible fatality of the operation.

I will take next the disorders of *menstruation*, which occupy a common ground with the diseases of the ovaries and those of the uterus. I will speak first of

Menorrhagia.

I think the best division of the cases in which this trouble occurs to be that of Dr. Guernsey, who classifies Menorrhagia as Organic, Sympathetic, or Functional. Organic menorrhagia implies that some local disease of the womb is present, of which the hæmorrhage—generally inter-menstrual as well as menstrual—is but a symptom. Sympathetic menorrhagia is that which appears in Bright's disease and in tuberculosis, in the inhabitants of malarious districts, and in the subjects of lead-poisoning. The persistent treatment of these cases must of course be that of the primary disease. But you must not therefore suppose that you cannot diminish the profuseness of the menstrual flow at the time. What Dr. Kidd has told us may be done with Sabina, Secale, and Ferrum in the menorrhagia of

fibrous tumours (see Brit. Journ. of Hom., vol. xx, p. 52) is true also of other instances of the organic and sympathetic forms of the disease.

The remedies for menorrhagia are, in the first rank, *Crocus*, *Ipecacuanha*, and *Sabina*; in the second, *Aloes*, *Arsenicum*, *Belladonna*, *Chamomilla*, *China*, *Calcarca*, *Ferrum*, *Hamamelis*, *Platina*, and *Secale*.

I place the three first named in the front rank, because they are most frequently used. *Crocus* is invaluable in functional menorrhagia, when the discharge is blackish and lumpy. It should be given during the flow only, and *China* or some other medicine suited to the cause substituted in the intervals. I have often used it with success: but have never met with the "sensation as if something were alive in the abdomen in the form of a ball" which is said to be so characteristic of it. *Sabina* is suitable in the frequently occurring cases which depend upon active hyperæmia of the uterus: the blood is bright red. If urinary or rectal irritation co-exist, the indications for it are still clearer. It may often be continued during the intervals, as the sole remedy required. *Ipecacuanha* may be given where neither *Crocus* nor *Sabina* is specially indicated, and where much nausea is present.

The other anti-menorrhagic medicines are called for under the following conditions. *Aloes* is good where the menorrhagia depends upon general pelvic congestion, and is accompanied by piles. *Arsenicum*, in material doses, has proved curative in some obstinate cases, perhaps of chronic endo-metritis. *Belladonna* may be given when the indications are present of which I shall speak under the head of

Uterine Congestion. *Chamomilla* has undoubted control over uterine hæmorrhage: and may be given in preference to other medicines when it has been brought on by disturbing emotions, and where sensibility and mobility, local and general, are abnormally exalted. *China* is of course the best medicine for relieving the debility incident to menorrhagia. But it is also homœopathic to the disorder itself, producing a flow like that of *Crocus*. It is accordingly specially useful to re-inforce that medicine in the menstrual intervals. It helps, moreover, to restore the periodicity in cases of irregularity. *Calcareæ* is suitable, during the intervals, in cases where the menorrhagia is but one element of general mal-nutrition, as in that sympathetic with tubercle. A Dr. Patzack has reported some striking cures with a medicinal course comprising *Calcareæ*, Sulphur, *China*, and *Nux vomica*. You will find his observations in Peters' Treatise. It is doubtful to which of the medicines, or whether to all, the benefit is to be ascribed. *Ferrum* is good in some cases of passive menorrhagia, chiefly from organic disease of the womb. *Platina* is a favourite remedy for this disorder: and would probably be most in place when it depended upon undue ovarian excitement. The same may be said of *Hamamelis*. With *Platina* the menses are too early and too long-continued, as well as profuse. *Secale* is given by our therapeutists as by those of the old school in atonic conditions of the uterus, as in those who have resided in tropical climates; and, strange to say, often produces its effects in infinitesimal doses.

This is all I have to say about menorrhagia; and

now I have to direct your attention to the opposite condition,

Amenorrhœa.

I include under this heading all marked deficiencies of the catamenial flow, whether in quantity or quality, down to its complete absence. I will not now speak of the form of this disorder which comes before us in those entering upon puberty, as I shall have to speak of their troubles under the head of "Critical Age." But I am thinking of those in whom the menses are suddenly suppressed, or gradually diminished until they finally disappear. The treatment of these cases will vary according as the cause is local or constitutional.

The menses which a chill has suddenly suppressed may often be restored then and there by the timely administration of *Aconite*. If too late for this, a course of *Pulsatilla* continued until the next period comes round rarely fails to put matters straight. But if after such suppression anæmia has set in, you will materially aid the restoration of the function by a previous chalybeate course. The case I have already cited when writing upon Anæmia illustrates the advantage of this method.

Cases in which the catamenia are simply suspended—i.e. fail to occur at the expected time—are generally due to change of climate or mode of life, and rarely cause any derangement of health or require treatment. But the most important variety of amenorrhœa is that in which the discharge, having diminished in amount for two, three, or

more periods, or the interval having become longer and longer, has finally ceased. This is generally dependent upon constitutional causes, and the menstrual suppression is but a symptom of the deranged health of the whole system. It is rare that the error is on the side of plethora. Where it is so, *Belladonna* should be given during the intervals, and *Aconite* at the periods; and the obvious hygienic regulations observed. Far more commonly the general condition is one of mal-nutrition and debility. If its character be that of anæmia simply, the chalybeate treatment already recommended is usually sufficient to set everything right. When hydræmia is present, and there is some pale discharge at each period, *Argentum nitricum* deserves attention (see the observations of Dr. Von Grauvogl, in the Brit. Journ. vol. xxvi). The constitutional condition, however, most commonly associated with amenorrhœa is that which is styled

Chlorosis.

Chlorosis is, I take it, something more than anæmia: it is a cachexia. It is rare that iron alone will cure it, though with the aid of specific remedies it powerfully contributes to restore the impoverished blood. You will consider the whole group of symptoms present; and then select a remedy corresponding both with these and with the depressed catamenial function. You will generally find it amongst the following—*Pulsatilla*, *Cyclamen*, *Graphites*, *Sepia*, *Sulphur*, *Conium*, *Plumbum*, and *Natrum Muriaticum*. *Pulsatilla* is suitable for the simplest form of chlorosis,

where the patient is just pale, chilly, and languid, with nausea, loss of taste and appetite; the bowels regular, or tending towards diarrhœa. It is much aided by *Sulphur* when the patient is habitually unhealthy. *Cyclamen* acts very like *Pulsatilla*: headache with dizziness and obscuration of sight are symptoms specially calling for it. *Graphites* stands next to *Pulsatilla* in the frequency of its usefulness: constipation and tendency to cutaneous eruptions are its special indications, and it is perhaps better when the menses are delayed, scanty, and painful, than when they are altogether absent. *Sepia* is most suitable when there is much leucorrhœa, and where the general dyscrasia is considerable: the rectum also gives evidence of the existence of portal or pelvic congestion. *Natrum Muriaticum* also has constipation for one of its indications: and, like *Sepia*, is most useful in chronic cases with greatly impaired nutrition, as evidenced especially by the appearance of the skin. The same is to be said of *Plumbum*, which was introduced as a remedy for chlorosis by Dr. Winter of Lunenburg. You will find his paper translated, with some additional observations by Dr. Drysdale, in vol. i of the 'British Journal,' p. 160. *Conium* is homœopathic where the amenorrhœa is part of a general depression of sexual activity: in which cases the salts of *Baryta* also might be useful.

Infrequent Menstruation

requires special mention, because it may co-exist either with a scanty or with a copious discharge.

In the former case the medicines—especially *Graphites*—mentioned under amenorrhœa and chlorosis have to be considered, and to these *Kali carbonicum* and *Dulcamara* may be added. When the flow is copious, although late, *Belladonna*, *Calcarea*, *Chelidonium*, *China*, *Nux vomica*, and *Phosphorus* are all homœopathic, and the choice between them must be based upon the characters already assigned to these medicines.

Vicarious Menstruation

is rather an annoyance than a disease of moment. Dr. Leadam recommends *Ferrum*, and Dr. Carroll Dunham *Bryonia* as ordinarily the most suitable remedies for re-diverting the menstrual nîsus to its proper seat. *Hamamelis*, also, has occasionally effected this purpose.

I have last to speak of painful menstruation,

Dysmenorrhœa.

In undertaking the treatment of a case of this kind, you will of course begin by eliminating the purely mechanical variety of “obstructive dysmenorrhœa.” Whether arising from congenital narrowness of the cervix, or from subsequent flexion of the womb, in either case it seems to require mechanical treatment, though the latter is somewhat (as we shall see) under the influence of medicine.

Functional dysmenorrhœa implies that the ovaries and uterus (chiefly the latter) cannot perform their periodical duties without pain. Either their

natural hyperæmia oversteps the boundary of health, or their nerves are abnormally sensitive; or the uterine muscular fibres are prone to spasm or stiffened by rheumatism. The leading medicines for dysmenorrhœa will find their place under one or other of these forms.

Obstructive dysmenorrhœa, i. e. when the pain is felt chiefly if not entirely before the flow begins, when not mechanical, is due to narrowing of the cervical canal by congestion or by spasm. If from congestion limited to the uterus itself, *Sabina* should be given during the flow and the intervals, and *Aconite* administered while the pain lasts. If the congestion be more general—as shown by constipation, hæmorrhoids, hepatic disturbance, and so on—*Collinsonia* is a good medicine, both at the periods and between them. For the spasmodic form I find *Gelsemium*, not higher than the 1st dec. dilution, a most excellent remedy. It is scarcely more than palliative at the time, however; and *Caulophyllum* is the best medicine to be given as curative during the intervals. Its action upon the uterus is like that of *Secale*, but with the difference (so important here) that it influences the cervix as well as the fundus.

Non-obstructive dysmenorrhœa, where the pain continues throughout the flow, means either ovarian irritation, or uterine rheumatism or neuralgia. It is probably in ovarian dysmenorrhœa that the virtues of *Hamamelis*, which is attaining much reputation in this disorder, find their scope. A curious variety of this form is the “membranous dysmenorrhœa,” in which, under the morbid ovarian stimulus, the

normal catamenial exfoliation of the uterine mucous membrane becomes an inflammatory process. If the Hamamelis given for the ovaries is insufficient to cure this complication, you may with advantage remember the striking results once obtained by Dr. H. Bennet in a case of this kind from *Borax* (see Peters, p. 146). When the uterus is rheumatic, *Actæa Racemosa* is to us what Guaiacum seems to be in the old school. And when it is liable to suffer neuralgic pain in the performance of its monthly function, *Chamomilla* and *Coffea* are recommended,—but I have seen the most speedy effects from *Xanthoxylum*. Dr. Hale's experience with this drug quite coincides with this allotment of its place. "I think *Xanthoxylum*," he writes, "more especially indicated in females of spare habit, nervous temperament, and delicate organization. In some cases of plethoric habit it has failed me."

You will observe what large use I have made of the American remedies in my recommendations for dysmenorrhœa. Indeed I should have had little to say with confidence about its treatment did I not possess these valuable agents. The subject is touched with a very uncertain hand by Leadam and Peters, to whom they were unknown.

LETTER XLIV.

DISEASES OF THE FEMALE SEXUAL SYSTEM

(continued).

I now come to the morbid states of the *uterus* itself. And first of

Uterine Congestion.

By this name, and not by that of chronic metritis, I must describe that permanently hyperæmic condition of the womb which obtains when its temporary physiological engorgements have become pathological. There need not be any ulceration of the cervix here: and of this I shall speak separately. The medicines of chief service in this malady are *Belladonna*, *Conium*, *Murex purpurea*, *Pulsatilla*, *Sabina*, and *Sepia*. In discriminating between these, you may first divide them into two groups, according as the congestion to which they correspond is arterial or venous. In the first group we shall have *Belladonna*, *Murex*, and *Sabina*: in the second *Conium*, *Pulsatilla*, and *Sepia*. Then, subdividing still farther, you will think of *Sabina* in preference where hæmorrhage is free, and there is consentaneous urinary irritation: of *Belladonna* where there is the characteristic sensation of pressure downwards, as if the contents of

the pelvis would be forced out (Qy. tenesmus of the cervix?): of Murex where the patient complains of great faintness and sinking at the epigastrium. In the venous cases, Pulsatilla will be most suitable when the affection is recent, and where the patient's temperament is that belonging to this medicine; Sepia where the rectum is involved in the congestion: Conium where there is evidence of diminished sexual life. You will consider also the character of the leucorrhœa always present in these latter cases as helping to determine the choice.

When long-standing congestion has brought the uterus into a state of induration, these remedies cease to be applicable, and *Mercurius corrosivus* and *Platina* take their place.

There is also a form of uterine congestion not contemplated in the above remarks, viz. that secondary to general abdominal or pelvic engorgement. *Sulphur* and *Nux vomica* in the former, *Aloes* or *Collinsonia* in the latter, will be the suitable remedies.

Hysteralgia.

The "irritable uterus" is sometimes a congested one, still oftener a flexed one: and requires treatment accordingly. But when all such cases have been eliminated, there remain behind some to which the description of Gooch and Ferguson applies,—in which the uterus, without recognisable lesion, is a constant source of trouble in itself and to the whole system. None of the old remedies

are so good for this complaint as the *Actæa Racemosa*. The frequent presence of a rheumatic tendency in the patients strengthens the indications for it. I recommend you to continue its use, in varying dilutions, for a considerable length of time.

Endo-metritis.

By this name I mean an inflammation (only met with as chronic) of the mucous membrane lining the body of the uterus. The membranous dysmenorrhœa of which I have already spoken is probably of this nature: and the Borax found so useful there must not be forgotten here. But the chief remedy for endo-metritis is *Arsenicum*. It is especially useful when menorrhagia is a prominent symptom of the disease.

I come now to the very difficult subject of the treatment of the inflammations, indurations, and ulcers of the os and cervix uteri. I will discuss the subject under the head of

Cervico-metritis.

There seems no reason, *à priori*, why ulcerations of this part should not be as curable by internal means as those which occur elsewhere. But the prejudice in favour of local caustics is so strong, and the temporary relief they afford is so obvious, that their relinquishment is one of the most difficult tasks the convert to Homœopathy has to perform. But I am persuaded that he must perform it, if he wishes to be thorough in his new system,

and not a mere eclectic. Dr. Madden's published experience is instructive upon this point. Having devoted a good deal of attention to uterine diseases, and feeling far from satisfied with the results of internal medication in ulceration of the cervix, he proposed and for some time practised the local application of caustics (see his elaborate paper in the *Brit. Journ. of Hom.*, vol. ix, p. 11). But before many years had passed over, we find him candidly avowing that he had found the practice ultimately injurious, leading to the development of disease in other parts (see vol. xi of the same *Journal*, p. 638). Now he tells us (*Annals*, vol. v, p. 129) that he never uses any stronger application to the uterus than weak *Calendula* lotion. Leadam and Guernsey on the other side tell us that internal medicines are sufficient without any cauterization. And the current of opinion in the old school itself seems to me to be setting against the barbarous local treatment which not long ago was thought indispensable.

If, however, we are to dispense with these potent measures, we must all the more carefully select our specific remedies. The main distinction I apprehend to be between ulceration within or without the cervix. In the former case the surface affected is that of a freely-secreting glandular organ, covered with columnar epithelium: in the latter it is an ordinary mucous membrane with squamous epithelium, covering a fibro-muscular structure. In the former the history generally begins with leucorrhœa, this being itself often a symptom of venous congestion; and the abnormal activity of the cervical

muco-glands has gone on to irritation, inflammation, and ulceration. In such a case the medicines will be those for chronic leucorrhœa, of which I shall be speaking directly. The latter form of ulceration is more primarily inflammatory. If it be superficial, *Mercurius solubilis* or *Arsenicum* (the latter if the pain is burning and the patient weak) should be given internally, and injections of *Calendula* (one part to eight, or weaker) employed. If it be more deeply excavated, and the visible portion of the os and cervix be swollen and indurated, *Mercurius corrosivus* is my favourite medicine: but Dr. Leadam speaks highly of *Lycopodium* and *Hepar sulphuris*. You will of course look carefully after syphilis, and also sycosis, in your patient: and treat their local manifestations as you would do if they appeared on the penis.

Leucorrhœa

is indeed a symptom rather than a disease, and may be associated with many of the uterine maladies we have already considered or shall yet have to consider. But there are several varieties of leucorrhœa which come before us for treatment as such: and the remedies for these I shall now consider.

First, we have leucorrhœa occurring in connexion with general debility—as from residence in tropical climates, over-lactation &c.—implying an atonic state of the uterus, but nothing farther. In addition to the general measures you will here adopt for strengthening the system, you will remember

the special virtues of *Helonias* as a uterine roborant. If, nevertheless, the leucorrhœa persists, you will find *Pulsatilla* the specific remedy for the morbid activity of the glands of the cervix.

A still more common form of leucorrhœa is that which comes before us in those who have had severe abortions, or who have borne children too frequently. Here, I apprehend, besides debility, there is passive uterine congestion. Accordingly, *Sepia* is our chief remedy: and with the aid of general and local bracing will do great things for our patients.

When leucorrhœa from either cause, but especially from the latter, has lasted some time, irritation, going on to inflammation and ulceration of the glands of the cervix is set up, as has been shown by Dr. Tyler Smith. Accordingly, when *Pulsatilla* and *Sepia* have been fairly tried, but without success, or when from the symptoms or an examination you diagnose disease of the cervix, you must resort to more deeply acting medicines. Of these I have most confidence in *Iodine*, which is especially useful in strumous or tuberculous subjects.

The forms of leucorrhœa hitherto mentioned are uterine, mainly from the mucous crypts of the cervical canal. But there is a vaginal leucorrhœa, usually associated with a chronic inflammatory condition of the passage. For this Dr. Leadam strongly recommends *Mercurius solubilis*: but the value of *Sepia* in gonorrhœa in the female—which is mainly a vaginitis—should make it serviceable also here. *Thuja*, moreover, has some evidence in its favour.

I have only to add that in leucorrhœa from rectal

ion, besides the ever-recurring *Sepia*, *Collin-* and *Aloes* are indicated.

We have thus endeavoured to indicate the principal remedies for the principal forms of leucorrhœa. If you meet with a case which falls under none of the headings, or refuses to yield to these remedies, must just treat it symptomatically, according to the colour, quality, and consistence of the discharge, the concomitant symptoms, and so on. The remedies supposed to be suitable for these will be in the Repertories.

As to vaginal injections in leucorrhœa, my own experience is decidedly in their favour. Freë irrigation of the os and cervix daily with cold water is a questionable service: and something is to be gained by the injection of a solution of the medicine which is being given internally, or of *Hydrastis*. In the use of medicinal astringents, however, I do not recommend.

Peri-uterine Hæmatocèle

This is a surgical rather than medical question as to its treatment. There are two occasions, however, on which our medicines may interpose with advantage. The first is when the primary hæmorrhage is still going on. Here *Hamamelis* would be useful to both the nature of the trouble and the source from which it proceeded. The second is when the hæmorrhage is intra-peritoneal, and has set up inflammation. The medicines already recommended for hæmorrhage would now come to our aid.

Displacements of the Uterus,

—including ante- and retroversion, and prolapsus—will next engage our attention. It may be thought that medicines can have little to say to these mechanical disorders. But remember how often the flexions of the womb depend upon congestion of the organ or the presence of fibrous tumours in its walls, and how prolapsus generally implies weakness of the uterine supports; and the place of medicines as remedial agents is evident. What they can sometimes do may be illustrated by the following case ('Brit. Journ. of Hom.,' vol. xxiii, p. 669).

"In 1858 I was called to see an unmarried woman of thirty who had been ill for three years, and had never got much relief from any medical advice she had received. I found her general health much impaired, with constant pain in the back and pelvic region, with extremely painful menstruation, her spirits depressed, and herself convinced that no one had understood her case, and feeling that there could be no cure for her. In my examination of the case I learned from her that, three years previously, while assisting her father to lift some heavy article, she had felt something give way, and had become sick immediately; had kept her bed for some time after; had got little help from any medicine, and had slowly recovered so as partially to resume her labours, but had never been well since, nor ceased to suffer in the back and lower part of the abdomen.

"On making the necessary examination, I found

the uterus retroverted, the os pressed high up against the pubes, the fundus low down in the hollow of the sacrum. The slightest attempt to replace the organ gave such severe pain as to make me desist immediately ; and, after two futile attempts, I decided to try *Sepia* 30, and see her again in a few days. I then found her feeling better, but she said that each repetition of the medicine gave pain from the inguinal region to the pubes, ‘ a kind of drawing pain.’ I ordered a continuance of the *Sepia*, and saw her again about a week after my first examination. To my great joy I found the cervix uteri had descended an inch or more, and the fundus correspondingly ascended. I can hardly express the delight felt at this discovery, believing from that moment that the idea so long cherished would be fully realized, and that my patient would be really cured when the uterus had regained its normal position, and I did not doubt that the means which had so well begun the work would complete it.

“ I need only add that the first menstruation after the treatment commenced was accomplished with comparatively little suffering, and that as the cure progressed the suffering ceased. The cure went steadily on, and at the third examination the position was normal : and, although the patient was obliged to rise several times each night to wait on an aged grandmother, and did not relax from her usual duties about the house, she had no relapse. Some two years after I went to ascertain if she still remained well, and found that she had steadily gained in health, and had no return of the disease.”

This case is reported by a “ lady practitioner ”

in America. I may also refer you to a paper by Dr. Liedbeck, of Stockholm, in vol. xx of the 'British Journal,' in which he relates some experiences with *Belladonna* as a uterine remedy. Two of the cases cured by it were of retroversion. He prefers using it in the form of an ointment, which is to be rubbed in to the hypogastrium and thighs. In prolapsus *Stannum* is a most useful medicine. It relieves speedily the sensation of bearing down, and seems to strengthen the uterine ligaments. There are also (I have mislaid the reference) some cases on record cured by *Secale*: and one mentioned by Rückert, of prolapsus from lifting a heavy load, in which *Nux vomica* and *Aurum* proved curative. Then Dr. Preston communicates ('Brit. Journ.,' vol. xxv, p. 497) his experience with *Ferri Iodidum* in uterine displacements in general, which seems to have been very satisfactory. Dr. Guernsey mentions a case of ten years' standing, in which the uterus, after being once replaced, and *Conium* administered, came down no more. But it is no uncommon thing for such a proceeding to be followed by a cure without *Conium* or any other medicine,—adhesions forming between the (generally) ulcerated cervix and the vagina, which prevent the return of prolapse.

You will now be able to estimate the relative place in the treatment of uterine displacements of medicines and pessaries. As a rule, you will be doing most justice to your patients if you begin with medicines alone. If, after a fair trial, mechanical support seems indispensable, do not therefore discontinue your medicines, as they may hasten the time

when a radical cure shall have been accomplished, and pessaries be no longer needed. These remarks do not apply to the restoration of the uterus in the first instance to its normal position, as by manipulation or the sound.

Polypus Uteri

is another of those diseases in which Homœopathy can occasionally accomplish by internal medicines that for which the knife or the ligature were thought the only remedies. Dr. Petroz considers these growths to be a manifestation of the sycotic diathesis, and gives a case in which *Thuja* 18 effected in eleven days the detachment of a large one, which had caused distress for a long time (*Memoire sur la Sycose*, in Cretin's Edition of his collected writings). In vol. xxvi of the 'British Journal,' p. 364, are recorded two cases, in one of which five fibrous polypi were expelled from the interior of the uterus under the use of *Conium*, and in the other one from the vagina under *Thuja* 1 and *Calcarea* 3. This action may of course have been spontaneous (see Dr. Helmuth's paper on Fibrous Tumour in the 'Brit. Journ.,' vol. xxiii, p. 548). The analogy of nasal polypi, in which our medicines are so often helpful, is very encouraging here.

Fibrous Tumour

of the Uterus you have more reason for expecting to be under the control of medicine, as Mercury, Iodine, and Bromine have already some repute in its

treatment. There is a paper on the subject by Dr. Kidd in vol. xx of the Brit. Journal. He bears testimony to the value of *Mercury* in discussing these tumours, recommending the bichloride (gtts. j — iij of the 2nd dec. dilution) where profuse mucopurulent excoriating leucorrhœa exists, and the biniodide in cases characterised by a stony hardness of the tumour without much excoriation. The cases he gives, however, hardly bear out his suggestions, as in one of the four only was any impression made upon the tumour. Here, moreover, *Mercurius corrosivus* was the curative agent, although no leucorrhœa was present. Dr. Helmuth, of America, who has contributed a paper on the subject to vol. xxiii of the same Journal (p. 538), is less sanguine as to the results of Homœopathic medication.

The menorrhagia accompanying fibrous growths is ordinarily under the control of the usual remedies for this trouble: but you must not hesitate to give full and repeated doses of Ergot in the flooding which accompanies the expulsion of polypi.

Uterine Cancer.

In addition to the general remarks I have made upon the treatment of cancer, I shall now give you some reference to records of cases in which it occurred in the uterus. In vol. xvii of the 'British Journal,' Dr. von Viettinghoff gives two cases of uterine cancer. In one "all signs of uterine suffering" passed away after six months' treatment. Several medicines were used, but *Sepia* seemed to do most good. In

the other, great palliation was effected by this and other medicines prescribed according to the symptoms. In vol. xix of the same Journal Dr. Bradshaw mentions a case in which *Hydrastis* was used for six months, externally and internally:—"the disease" he writes "is apparently arrested." In vol. xx Dr. Bayes gives a case of commencing scirrhus of the os. *Hydrastis* was of no service: but the os became soft under the *Iodide of Arsenic*, 3rd trit. Then there is Dr. Quin's case of fungus hæmatodes in the Annals, vol. i, to which I have already referred. *Belladonna* and *Thuja* were most useful here.

When these cases are weighed, I think we may come to the conclusion that in most, if not all cases of uterine cancer, we can effect palliation by the medicines which act upon that organ—as *Sepia* and *Secale*—conjoined with those appropriate to the diathesis—*Arsenicum*, *Hydrastis*, *Thuja*, *Kreasote*—given according to the symptoms. But I do not think we can hold out any fair hope of *cure*; and should removal be practicable—as in the cauliflower excrescence of the os—I should not have a word to say in bar of the proceeding.

I have nothing to say about *Physometra*, as I doubt its idiopathic occurrence. But

Hydrometra

must be mentioned, as there is a case on record ('North Amer. Journ. of Hom.,' vol. iii, p. 89) in which *Sepia* proved curative of it. It was of course the non-pregnant variety.

LETTER XLV.

DISEASES OF THE FEMALE SEXUAL SYSTEM (continued).

We have now finished the disorders of the ovaries and uterus. The less important morbid states of the *vagina* and the *pudenda* must next come under our notice.

Vaginitis

comes before us in two leading forms, first, as the basis of a peculiar form of leucorrhœa; secondly, as the main element of gonorrhœa in the female. Of the former I have already spoken. The latter disorder requires *Aconite* and *Cantharis* in the first instance: but later, when inflammation has considerably subsided, instead of the *Cannabis* we should give to the other sex, I recommend *Sepia*.

Vaginismus

I mention to indicate that we want remedies for it. If no local alteration can be discovered, and the affection seems as true a hyperæsthesia as the irritable uterus or testicle, we ought to get good results from such medicines as *Ignatia* and *Belladonna*. If Scanzoni be right, however, our treatment of the

woman is but one element in the cure of vaginismus (see the 'Practitioner' for Dec. 1868, p. 381).

Vulvitis,

as occurring in children, will be considered hereafter. In adults, acute vulvitis occurs idiopathically, or from diphtheria, erysipelas, or gonorrhœa. *Belladonna*, *Apis*, and *Sepia* might be useful here: but I know no drug which has so intense an action upon the external genitals as *Arsenicum*, and should be disposed to rely upon it in preference to any other. Chronic vulvitis is either eczematous or follicular. In both *Mercurius* is useful: but for the former *Arsenicum* must again be suggested, and for the latter Dr. Leadam recommends in addition *Thuja*, locally as well as internally, and *Sepia*.

Acute Labial Abscess

(I speak of the circumscribed variety, generally, if not always, an inflammation of the vulvo-vaginal gland) requires different remedies from those of vulvitis, in which the surface is mainly affected. There is a case in the 'Brit. Journ. of Hom.' vol. xxiv, p. 311, in which *Apis* seems to have arrested the progress of the inflammation.

Cancer

of the external generative organs in the female is, like that of the other sex, usually of the epithelial variety, and so somewhat amenable to treatment.

Conium, *Arsenicum*, and *Thuja* are the medicines likely to help. In a case which I had the opportunity of treating for a short time I saw marked relief from the lancinating pains afforded by the higher dilutions of the two former medicines.

Pruritus Pudendi

I shall speak of when upon the diseases of the skin.

Nymphomania

is generally associated with some irritation of the external parts, and I accordingly mention it here. It is happily rare in the present day: but our older Homœopaths seem to have had some experience in its treatment. Hahnemann himself has recorded a case ('Brit. Journ. of Hom.,' vol. vii, p. 494) in which *Hyoscyamus* was the principal remedy. *Platina* also is generally recommended: it would be especially serviceable when ovarian irritation lay at the root of the symptoms. Of late *Origanum* is said to have caused and cured this form of mania (see 'North Amer. Journ. of Hom.,' vol. xv, p. 62).

The treatment of the affections of the urinary organs in the female does not differ from that of the similar disorders occurring in the male subject. But one of these is peculiar to the former sex, and deserves special mention. I mean

Vascular Tumour of the Urethra.

Before resorting to surgical measures for this trouble, it might be well to try the administration of *Thuja*, to which medicine its nature and origin strongly point.

Before leaving the female organs of generation I must say something about

Sterility.

Many of the ovarian, uterine, and vaginal diseases already enumerated are associated with sterility, and the treatment of the latter will accordingly be that appropriate to the former. But if none of these exist, and no mechanical impediment to the ingress of the spermatozoa be present, and there be no fault on the husband's side, then a course of Homœopathic medication may be tried with fair hope of success. The constitution of the patient, and any symptoms of ill-health she may have, must be taken into account in your prescription. Apart from these *Borax* and *Conium* are the medicines most in repute: the former is said to be indicated by the co-existence of an acrid leucorrhœa, the latter is suitable to depressed ovarian activity.

The diseases of the *mammæ* of most frequent occurrence and practical importance are those which occur during lactation. These will be considered among the disorders incident to the puerperal state. But I must speak here of certain tumours of the breast, viz., the simple glandular, the irritable, and the scirrhus.

Chronic Mammary Tumour,

simple and painless, may be fatty in nature, when a course of *Calcarea*, in various dilutions, might be given with advantage. More commonly it is a circumscribed hypertrophy of the glandular and connective tissue, with more or less cystic formation. I do not know if any case of this kind has been cured by Homœopathic medicines, though I should feel encouragement in trying a course of one or all of those—*Hydrastis*, *Phytolacca*, and *Conium*—which I shall presently mention as possessing an elective affinity for the breasts.

Irritable Tumour

of the mamma is somewhat analogous to ovarian neuralgia and irritable testicle. Sir Astley Cooper, as you probably know, had a high opinion of *Conium* in its treatment: and in our school we rank this medicine very high among those which act upon the breast. I have found it especially useful where painful glandular enlargements have followed blows upon the breast. More recently, two of the American indigenous remedies have acquired high repute in the treatment of mammary tumours. These are *Phytolacca* and *Hydrastis*. The action of *Phytolacca* upon the breasts is well illustrated by Dr. E. M. Hale in an article upon it in the 'Brit. Journ. of Hom.' vol. xxi, p. 201. He states that he has treated several cases of irritable mammary tumour successfully with *Phytolacca* in the

lowest dilutions. Hydrastis has a still more general reputation. I shall have to speak directly of its claims as a remedy for mammary scirrhus. But if you will read Dr. Bayes' paper on the subject in the *Annals* (vol. iii, p. 489), and the discussion following, you will find that even those who doubted its efficacy in the malignant, spoke highly of its power over the simple tumours of the breast. It may be used externally as well as internally with advantage.

Mammary Scirrhus.

I speak only of this form of cancer of the breast: as there is no doubt that the encephaloid variety ought to be removed by operation as soon as detected. But as we have some prospect of being able to cure, or at any rate to retard the progress of scirrhus in this situation, the question between submission to immediate surgical measures and a trial of Homœopathic medication may fairly be raised.

In speaking of the power we have over mammary scirrhus, I am not referring to anything which our ordinary medicines can do,—not even including *Conium*. Dr. von Viettinghoff speaks of this medicine as “specific in cancerous induration of the mammae attended with lancinating pains.” But his cases do not bear out his assertion. That it will to some extent relieve the pains themselves I do not doubt; but I think it has yet to be proved that it has any power of checking the progress of the disease. The remedy whose introduc-

tion has given us new hope is the *Hydrastis Canadensis*. You will remember the facts and cases I brought under your notice when writing about this drug. Should a patient come before you affected with this disease, you will do well to look over the observations to which I have there referred. If the case be one of those in which benefit may, upon those data, reasonably be expected from *Hydrastis*, viz., "scirrhus in an early stage occurring in well-developed breasts," you will do well to give it a fair trial. Administer it internally in varying dilutions, and apply it externally in not too strong a lotion (20 drops of the tincture or strong infusion to a pint of water for continuous use, ʒj to ʒij to relieve pain). When the medicine acts the improvement is speedy: so that if after a month or two there is no change for the better there is no longer hope from this source to stand in the way of an operation, if that be otherwise admissible. If, moreover, after temporary improvement from *Hydrastis* a relapse occur, there is little use persisting in it.

Should operation be inevitable, you will consider the evidence adduced by Drs. Marston and Mac-Limont in favour of enucleation by Chloride of Zinc in preference to excision by the knife. Their papers on the subject are in the 'Brit. Journ. of Hom.,' vol. xxi, p. 611, and vol. xxiii, p. 196.

LETTER XLVI.

DISEASES OF THE FEMALE SEXUAL SYSTEM (continued).

I HAVE now to consider the maladies—hitherto purposely omitted—from which the woman is liable to suffer in discharging her great function of maternity. We will take first the disorders of *Pregnancy*. The treatment of these is very fully discussed in the treatises of Leadam and Peters: and I shall not have much to add to their recommendations.

There are two primary facts about every pregnant woman,—that her blood is super-fibrinated, and her nervous system hyperæsthetic. The former lies at the bottom of the sub-febrile condition which is sometimes met with in the early, but more frequently in the later months of pregnancy. This is greatly under the control of *Aconite*. The excess of fibrin is a physiological, not a pathological change; and it has overstepped the boundary of health when fever is induced by it. The hyperæsthesia, also, need not be morbid. It does not take much, however, to fret it into irritability of temper, sleeplessness, and other mental disturbances. It is probably also the cause of the readiness with which other organs sympathise with the uterus,—reflex excitability being increased. Hence also the cramps,

and spasms, and "fidgets," and the "false pains," which are observed in these subjects. The remedies for each of these will be given as we go on. I mention the general condition chiefly to suggest that it indicates the higher dilutions of our medicines as most suitable for the disorders of pregnancy—an indication which experience has generally confirmed.

I will take the ailments of the pregnant woman in the same order as that in which I have been considering the maladies of the human species in general. Accordingly, having already spoken of the fever which is her special blood-disease, I will pass on to the disorders of her brain, spine, and nervous system in general.

Mental disorder,—in fully developed mania or melancholia,—attacks not so much the pregnant as the puerperal woman. But there is a condition of mind met with in the former, which is unquestionably morbid. It is characterised by irritability of temper, readiness to shed tears on slight provocation, undue fear of the approaching confinement, and so on. A good many medicines are mentioned by Peters as suitable to special shades of this state of mind. I myself have found *Actæa Racemosa* so beneficial for it, that I have rarely had to resort to any other remedy. If I needed such, I should expect to find it in *Pulsatilla*.

The headache of pregnant women is not, to my knowledge, different from that which they have at other times, and whose treatment we have already discussed. In the early months it is usually nervous, in the later months congestive.

Sleeplessness in these subjects often arises from a febrile state of system, and will be removed by *Aconite*. When this cause is not operative, you will find *Coffea* useful when the patient cannot get to sleep for a long time after retiring, *Nux vomica* when she sleeps at first, but wakes early in the morning and cannot get off again. In the later months sleep is often hindered by cramps in the calves, or a sense of painful restlessness in the lower extremities which they call "fidgets." Here I have found *Chamomilla* very beneficial. Dr. Leadam speaks highly of *Veratrum* for cramps.

The digestive organs sympathise with the gravid uterus more, perhaps, than any other part of the body. Tooth-ache, salivation, vomiting, heart-burn, constipation—are well-known troubles of pregnancy. Let me give you some hints as to their treatment.

The tooth-ache of pregnancy may either be a sympathetic neuralgia, or may arise from caries of the teeth produced or furthered by the patient's condition. In the latter case *Kreasote* (and, as some say, *Staphysagria*) will act as well as in other circumstances. But in the former the ordinary medicines—*Aconite*, *Belladonna*, *Coffea*, and *Chamomilla*—will rarely give more than temporary relief: while uterine medicines like *Sepia* and *Magnesia carbonica* are curative. *Calcarea*, also, is recommended.

Salivation is one of the most obstinate of this class of affections. *Mercury* and *Iodine* are homœopathic enough: I wish I could say they were curative. Dr. Leadam recommends *Sulphur*, fol-

lowed by *Natrum muriaticum* or *Arsenicum*, in obstinate cases.

The vomiting of pregnancy must generally be treated otherwise than as an affection of the stomach. *Nux vomica*, which is perhaps its most important remedy, probably acts by diminishing the reflex excitability which enables the uterus to disturb the stomach. *Kreasote*, whose sphere is "sympathetic vomiting," is a remedy of the same kind. Again, *Sepia* is one of our best medicines for this trouble: and here we must suppose that the action is upon the uterus itself, the starting-point of the morbid circuit. It is only when the stomach has become irritable, and most of the food is rejected as soon as taken, that *Ipecacuanha* is suitable: and even here it is best alternated with *Nux vomica*.

Heartburn is often a great trouble with these patients. It is not necessarily associated with acidity: if the latter be present to any extent, you may give *Calcarea*, and let your patient take freely of the sub-acid fruits, which are always grateful to her. If the heart-burn stand alone, *Pulsatilla* and *Capsicum* are the most useful medicines.

Respecting the strange tastes and longings which pregnant women not uncommonly display, I think it well to gratify them unless the substance desired be injurious, as chalk or cinders, or the digestive organs be obviously disordered. In the latter case treat these upon the usual principles. The longing for chalk often implies acidity, and that for cinders flatulence, so that *Calcarea* and *Carbo vegetabilis* may remove the symptoms. Other

medicines are recommended for the various morbid cravings by Leadam and Peters: but I know not on what grounds.

Constipation is no uncommon accompaniment of pregnancy, especially in the early months, when I suppose it to depend upon a sort of congestive inertia of the lower bowel. Better than all the old remedies for this trouble I find the *Collinsonia Canadensis*, which I recommend to be given in the 1st, 2nd, or 3rd dilution. It is no less useful for hæmorrhoids, when these occur in connexion with constipation.

Diarrhœa is far less common than constipation. *Pulsatilla* is generally its remedy, the characteristic indication being often present that the stools occur mainly at night. *Secale*, and *Phosphorus* or *Phosphoric Acid*, are sometimes preferable,—the latter especially when there is prostration and loss of flesh.

The only symptoms of the respiratory organs with which I am acquainted in connexion with pregnancy are cough and dyspnœa. The cough is a spasmodic one, from reflex excitation. *Belladonna*, in the 1st dec. dilution, has been my favourite medicine for it. But should any of the indications, now familiar to you, for *Ipecacuanha*, *Hyoscyamus*, or *Conium*, be prominent, you will do well to give these medicines as though no pregnancy were present. The dyspnœa and oppression often complained of in the later months is gastric rather than pulmonary: and I can quite believe Dr. Leadam that *Nux vomica* is its best remedy.

The bladder, from its proximity to the uterus, is even more liable to be affected than the rectum in pregnancy. In the early months it is usually a sympathetic tenesmus of the neck which is present, and *Belladonna* is here again very useful, in the 1st dec. dilution. *Nux Vomica* and *Cantharis* are possible alternatives, and smelling at *Camphor* will often give temporary relief. Towards the end of the time, the frequent calls to pass water are, I think, of mechanical origin,—the capacity of the viscus being diminished by the pressure of the womb.

A much more important affection of the urinary organs induced by pregnancy is albuminuria, with its accompanying anasarca. The tendency here is to granular degeneration of the kidneys. *Colchicum* has most theoretic, *Arsenicum* and *Apis* most practical evidence in their favour here: but we want careful observations on the point. We certainly ought not to allow a patient to reach the time of parturition with albumen still passing in her urine.

And now of the troubles which the gravid uterus causes to itself, and to other parts of the female sexual system.

Sometimes the commencing enlargement of the womb is attended with much distress. Here Dr. Leadam recommends *Nux vomica*, *Pulsatilla*, or *Belladonna*,—according to the symptoms, or the patient's constitution.

In others the natural enlargement of the breasts at this period causes undue pain and tension. *Conium* and *Pulsatilla* are suitable here when neu-

ralgia predominates, *Bryonia* and *Belladonna* when the symptoms are rather inflammatory.

Pruritus pudendi is a very troublesome accompaniment of early pregnancy. *Collinsonia* is its best internal remedy: but local palliatives are required. You must not forget that follicular vulvitis (q. v.) is sometimes present as the cause of this trouble.

As the uterus increases in weight, it often causes a very distressing dragging pain in the lumbar region. I mention this pain because it has often been relieved by a curious medicine for it, *Kali carbonicum*.

Sometimes the uterus itself is the seat of pain, and resents pressure and the movements of the child. This is described by Cazeaux as rheumatism of the womb. *Actæa Racemosa*, with or without *Aconite*, ought to benefit it.

The "false pains" of later pregnancy have generally been checked by *Chamomilla* in my hands; but Drs. Drury and Leadam both recommend the higher potencies (12th or 30th) of *Pulsatilla*. Sometimes, when they seem truly uterine, and recur regularly as if parturition were beginning, I have seen them rapidly banished by giving after each a drop of the mother-tincture of *Secale*.

I have last to speak of the important subject of

Miscarriage.

The treatment of this accident is prophylactic as well as curative. The fault which causes the tendency to its occurrence may lie with the ovum, with the placenta, or with the uterus itself. If the

ovum be the cause, it is usually that it is syphilitic. If the mother also manifest symptoms of this taint, by treating her accordingly you may remedy the infant's condition. But if she be free, I think it well to try whether the administration of occasional doses of a high dilution of *Mercurius* may favourably modify the nutrition of the foetus. This plan has proved very successful in the case of scrofulous offspring,—Sulphur and Calcarea being the medicines given.

The error of the placenta which leads to abortion is usually fatty degeneration. It would be worth trying the administration of *Phosphorus* in cases where this change was deemed likely to supervene. When the womb itself, without extraneous reason, is given to casting untimely fruit, medicine can do much in the way of prevention. Ascertain first whether its irritation is secondary to that of the ovaries: and if so, treat the latter organs. If not, remember that the muscularity of the uterus is small during the earlier, great during the later months of pregnancy. In abortion occurring during the earlier months, accordingly, *Sabina* would be more suitable than *Secale*, and vice versa if the contrary obtained. These are the medicines most in repute for the prevention of the habit of abortion.

When hæmorrhage and pains indicate that miscarriage is imminent, we have some remedies which will materially aid perfect rest in averting the accident. First, you will ascertain the cause: and if this be mechanical, will give *Arnica*, if emotional, —as from fright or other nervous agitation,—*Cha-*

monilla. If neither of these causes is in operation, and the symptoms have occurred spontaneously, the *Sabina* or *Secale* already recommended as preventives will be no less useful as curatives. If pains are present, it is best to give a dose after each: but if there is hæmorrhage the doses must be frequently repeated.

LETTER XLVII.

DISEASES OF THE FEMALE SEXUAL SYSTEM (continued).

Parturition,

like pregnancy, ought to be a physiological process : but too often in our day and society it presents pathological features. These we are often enabled by Homœopathic medication so to modify that they give place to the normal phenomena of the process. Many of them, of course, are beyond the reach of such means : and you will understand that in those dystocic conditions I have left unmentioned you must do your best upon the common principles of the obstetrical art. Perhaps we have fields here yet to conquer : for indeed this is a department which has not been assiduously cultivated by Homœopathic practitioners. The position in which most of us are placed, in this country at least, makes it impossible for us to attend confinements. The result is that we have little practical experience of the application of our remedies to the accidents of labour. I shall therefore rely mainly upon the recommendations of those few who have devoted themselves to this branch of practice. Dr. Leadam has just published, as supplementary to his book already cited, a paper on “ The Medicinal Treatment of some disorders occasionally met with during Parturition,” (‘Monthly

Hom. Review,' Nov. 1868). On this, as embodying his latest experience, I shall especially draw.

The earliest object for which you may have to administer medicines to a parturient woman is to rectify a mal-presentation. It seems at first unlikely that such an effect can be looked for from drugs. But we have a sure basis on which to act, viz. the occasional occurrence, and therefore the possibility, of spontaneous version. If the uterus can effect this change to the norm, there is no reason why it should not be aided towards it by specific remedies. *Pulsatilla*, in high dilutions, is the medicine credited with the power of furthering natural version. In a paper on "Homœopathic Tocology" by Dr. Fincke, in vol. vi of the 'American Homœopathic Review,' you will find a collection of the cases in which under Homœopathic treatment a mal-presentation has been rectified. They may of course have been coincidences: but you cannot do wrong, should you encounter a case of this kind, to give a dose of *Pulsatilla* 30, and wait a while for a chance of a favourable change.

The next *contretemps* which may need help is a rigid and undilatable condition of the os uteri, hindering progress. Dr. Leadam tells us that results of magical rapidity may almost always be obtained here from the 30th dilution of *Belladonna*. *Experto crede* is all I can say. Dr. E. M. Hale reports a case of this kind in which, after the failure of *Belladonna*, *Pulsatilla*, and *Aconite*, *Caulophyllin*, in half-grain doses every fifteen minutes, effected dilatation in an hour.

We will suppose that now the os is properly

dilated, but the pains too feeble to bring the child into the world without assistance. Dr. Leadam tells us that we have two excellent medicines for this condition, *Pulsatilla* and *Secale*, both in the 30th dilution. As far as I can make out the distinctive spheres of the two, according to his experience and that of Croserio, it is that *Pulsatilla* is most suitable when the pains are from the first irregular and unsatisfactory, *Secale* where they are weak from general or uterine exhaustion. I confess that this action of *Secale* in infinitesimal doses is at present a mystery to me. But it is well vouched for, and the following case from Croserio seems to show what it can do.

“ In the case of a woman, 26 years of age, in her first labour, in whom the sacro-pubic diameter of the superior strait did not offer more than two inches and a half, I had the patience to wait for seventy-two hours the natural efforts of labour. The head being in the first position, at the end of the second day it began to engage in the superior strait. At the end of the third day, the pains slackened very much; the woman became very feeble, was pale, exhausted, and had lost all hope. I put *Secal. cor.* 30 into a glass of water, and gave her a teaspoonful at 11 o'clock in the evening. Some minutes after she fell asleep, and slept very quietly for three quarters of an hour, when, awakened by a violent pain, she made a courageous effort, and two hours after gave birth to a child, pale and in a state of asphyxia, but which was recalled to life by proper care. The recovery of the mother proceeded in a regular manner.”

Should the uterine inertia arise from the fœtus being already dead, Dr. Leadam states that a dose of *China* 18 before *Pulsatilla* or *Secale* is very serviceable.

If the pains are excessive, or excessively felt by the patient, we are recommended to give *Coffea* or *Chamomilla*.

And now, with or without these aids, the infant is born: but the placenta has not been extruded into the vagina. Can we aid its detachment by medicines? It seems that we can. A dose of *Arnica* 6 may in all cases be given as soon as the child is separated. If this is insufficient, *Pulsatilla* or *Secale* may be given as for deficiency of uterine contractions during the previous stage. "But in some nervous subjects" writes Dr. Leadam "where tremors supervene during this stage, an equally, or in cases more especially where there is a tendency to hæmorrhage, even a more singularly effective remedy is *Ignatia* 3."

Once again a dose of *Arnica* may be given before the patient is left, as a prophylactic against after-pains. Of these more anon: but I must not leave the subject of Parturition without noticing its two most formidable accidents, Hæmorrhage and Convulsions.

Of

Post-partum Hæmorrhage

Dr. Leadam writes—"Its treatment by Homœopathic remedies offers to the patient an immunity from danger—not unfrequently the difference be-

tween life and death—compared with which allopathic practice in the most experienced hands is a perfect nullity.” This is from his recently published paper. He defers the consideration of the subject to another opportunity ; but he assures us thus from his experience that we may have confidence in the medicinal treatment of the accident which he has sketched in his former work.

You will say “ Surely the one thing we have to do in post-partum hæmorrhage is to obtain contraction of the uterus. We can accomplish this most effectually by cold and pressure. We hardly care even to give Ergot, so little time have we for waiting for medicinal action. The administration of infinitesimals seems too supererogatory here to be thought of.”

I must confess that I sympathise with you in this objection, so far as the primary importance of such measures as the application of cold and pressure is concerned. I think that our attention should not be diverted from these potent means of inducing uterine contraction by any question of medicines. Nevertheless, our old teachers have been wont to tell us that Ergot has its place in the prevention, at any rate, of post-partum hæmorrhage. To give, when this is apprehended, one or two doses of the drug during the last pains, or before the extraction of the placenta, is always reckoned good practice. Here, then, our medicines have their sphere in lieu of Ergot, as before in undue protraction of labour. “The circumstances,” writes Dr. Tyler Smith, “which interfere with efficient uterine contraction after delivery, or produce inertia,

are many of them the same as those which lead to powerless labour. Amongst these circumstances are, a general relaxed habit of body, weakness of the abdominal muscles, and umbilical hernia. Such conditions are frequently found in the greatest degree in women who have resided in tropical climates. They occur also in women who have borne large families." Here *Secale* is indicated; and if the efficacy of the 30th dilution be substantiated, it will be better than the crude drug. "The uterus often flags when labour has been long delayed from any cause, whether the womb be simply inert, or worn out by prolonged action." *Pulsatilla* would be called for by inertia, *Arnica* by fatigue of the organ. "The same result may sometimes, but far less frequently, spring from exactly opposite causes. After a very rapid labour, or after the extraction of the body immediately after the birth of the head, the uterus may suddenly fail." Here *Ignatia* would be suitable.

For administration during hæmorrhage itself, Dr. Leadam recommends *Ipecacuanha*, *Sabina*, *Crocus*, *Chamomilla*, *Belladonna*, *Nux Vomica*, *Hyoscyamus*, *Ferrum*, or *China* according to the well-known indications for each, such as I have mentioned when speaking of menorrhagia. I say again, we have rarely time or thought to spare for such measures. I hope Dr. Leadam will tell us ere long what place he finds for them, and how far he relies upon them. The power of *China*, however, to relieve exhaustion, and of *Ferrum* to remove the quasi-congestive head symptoms resulting from this cause, is beyond dispute.

Puerperal Convulsions

must be discussed here: as they more frequently complicate labour, present or imminent, than the puerperal state proper. In treating a case of this kind, you must first ascertain if albuminuria is present, and the convulsions are uræmic. Should it be so, you may give the remedies whose indications I shall mention presently: but your main duty is to relieve the pressure on the kidneys by emptying the uterus as speedily as possible.

Abnormal reflex excitability is at the bottom of non-albuminuric puerperal convulsion. For this *Ignatia* and *Hyoscyamus*—the latter especially—are most valuable remedies: and one or other should be administered whenever you see reason to dread convulsion. *Chamomilla* and *Coffea* are less frequently indicated:—if the pains, or the sense of the pains, be excessive, they might be suitable. If the patient is actually in a convulsion, or the fits are recurring rapidly, *Belladonna* is the classical remedy. But I would suggest *Hydrocyanic Acid* as a possible alternative, especially in uræmic cases. While you are giving frequent doses of the proper medicine, you will see that no eccentric irritation—gastric, rectal, vesical—which you can remedy exists or remains. But I would not advise you to interfere with the uterus.

I think that by these means you will be able to dispense with the once universal bloodletting in puerperal convulsions. *Aconite* may sometimes be given with advantage, when of old the lancet would

have seemed demanded by the symptoms. The chloroform inhalations of modern practice are not open to the same objection: and in the uræmic form at least I should have no hesitation in using them as a temporary expedient till I could effect delivery, should Homœopathic medicines seem insufficient for the purpose.

A dose or two of *Opium* is often very useful for relieving the condition of brain left behind after puerperal convulsions: and should uræmia in parturient women take rather the form of coma I should prescribe it in preference to any other medicine.

Some cases by Dr. Wielobycki illustrating the action of several of these medicines may be read in the 'Brit. Journ. of Hom.,' vol. v, p. 197.

LETTER XLVIII.

DISEASES OF THE FEMALE SEXUAL SYSTEM (continued).

THE disorders of the *puerperal state* will next engage our attention.

When the patient is a multipara, your first thought must be to diminish the severity of her after-pains. For this purpose the dose of *Arnica* I have recommended you to give before you leave your patient will do much. But if at your next visit you find that the pains are distressing, you must prescribe specially for them. *Gelsemium*, in the 1st dec. dilution, is the medicine on which I am accustomed to rely: and Dr. Leadam confirms my recommendation. *Chamomilla* or *Coffea*, and sometimes *Ignatia* or *Pulsatilla*, may be required,—the two former by the excessive sensibility of the patient. When the pains are intestinal rather than uterine, *Cocculus* is the most suitable medicine.

If the perinæum is torn, you will find the local application of *Calendula* of the utmost service to promote healing and union.

The bladder may at this time require assistance. If no urine has been passed within twelve hours of the labour, you will do well to give a dose of *Aconite*—say the 3rd dec.—every fifteen minutes, and wait to see the effect. If this should not suc-

ceed in an hour, give *Belladonna* (in a higher dilution) after the same manner. You will rarely need the catheter. I know nothing of "incontinence of urine" after labour (the dribbling from an over-distended bladder must not receive that name): Dr. Leadam recommends *Arnica* and *Belladonna* for it.

Very painful hæmorrhoids are sometimes developed after labour. Dr. Leadam recommends *Pulsatilla* 30 for this trouble. In a case I once saw, very rapid relief was given by *Aconite* and *Belladonna*.

Morbid conditions of the lochia occasionally require attention. If the sanguineous character continue too long, *Sabina* should be given. If the discharge becomes offensive, without uterine mischief or neglect of cleanliness to account for it, *Sepia*, *Secale*, *Carbo animalis* and *vegetabilis* have been recommended; but the most general consent is in favour of *Kreasote*, which I have myself seen act very satisfactorily. Suppression of the lochia nearly always indicates supervening fever or inflammation; and is the signal for *Aconite*. If the lochia continue too long, but of natural quantity and quality, Dr. Leadam speaks highly of *Calcarea* 30. *Caulophyllum* 3 has also been given with success.

A few words upon the management of the bowels after labour. I need hardly say that Homœopathy, always repugnant to purgatives, repudiates them here with especial abhorrence. We regard them as unnecessary, and often injurious. Dr. Tyler Smith says that "left to themselves, the bowels would probably pass a week or ten days in a state of

inactivity.” The real fact is that spontaneous evacuation generally takes place about the fourth or fifth day. If it be delayed beyond the sixth, you may with advantage treat the patient as for constipation, premising a simple enema to remove accumulations. The rectum is generally at fault, and *Colinsonia* the most applicable remedy: but Dr. Leadam speaks highly of *Zincum* 3. If the torpor be in the colon, *Bryonia*, *Opium*, *Plumbum*, *Veratrum* are more suitable.

Diarrhœa is not common: when it occurs, *Hyoscyamus* or *Pulsatilla* will be the remedy,—the latter when the evacuations are most frequent at night.

The disorders of Lactation play an important part among puerperal maladies: but of these I will speak separately farther on.

I have now to discuss the treatment of the great phlogoses and neuroses which attack the lying-in woman. This I shall do under the heading respectively of Puerperal Fever and Puerperal Insanity.

Puerperal Fever.

The pathological questions raised by this disease are of the utmost interest. Are the various inflammations—metritis, peritonitis, uterine phlebitis—of the puerperal state only local manifestations of a febrile blood-poison? is this latter anything *per se*, or is it only an altered form of the erysipelas with which—if not with other toxæmiæ—it is interchangeable? what are its laws as to spontaneous origination, epidemic influence, and spread by con-

tagion?—these are some of the points which obstetricians are actively discussing. I think that for our therapeutical purposes we need not go beyond the conclusions arrived at by Gooch.* There are two leading forms of the disease. In one, the inflammation—metritis, peritonitis, or both—is to all appearance primary, and the fever is sthenic. In the other the symptoms of an adynamic fever are present from the commencement, and local affections may or may not be developed.

1. When a chill, followed by the development of pain and tenderness, indicates the supervention of inflammation, you will lose no time in bringing your patient under the influence of *Aconite*. Very often this is all that is required. But should the symptoms gain ground, you must substitute or alternate a more locally acting medicine. When the uterus itself is inflamed (puerperal metritis) I can confirm Hartmann's recommendation of *Nux vomica*, in the higher dilutions. I have been astonished at the rapidity of its action. When the inflammation attacks the peritoneum (puerperal peritonitis) you will best continue your *Aconite*, but give in alternation with it *Belladonna*, *Bryonia*, or *Mercurius corrosivus*. *Belladonna* is most frequently used: and the relation between puerperal fever and erysipelas makes it especially suitable. *Colocynth*, which is indeed homœopathic to peritonitis, is recommended where tympanitis is excessive.

2. In the most virulent form of puerperal fever proper, which kills in a day or two, the only hint I

* See his Essay on Puerperal Fever in the New Sydenham Society's Edition of his Works.

can give for treatment is Dr. Tyler Smith's statement that "the blood in these cases resembles that of persons killed by lightning or *Hydrocyanic Acid*." In less *foudroyant* cases you will give, besides free support and stimulus, either *Arsenicum* or *Lachesis*, and to these general consent gives *Hyoscyamus* as a valuable auxiliary.

Besides these chief forms of puerperal fever, uterine phlebitis, whether primary or secondary, requires special treatment. *Pulsatilla* for the primary inflammation, when you can diagnose it: *Lachesis* or *China* for the resulting pyæmia—are the medicines.

Puerperal Insanity

may take the form either of mania or of melancholia. *Stramonium*, *Hyoscyamus*, or *Cannabis Indica* ought to help puerperal mania. The distinctive indications for the two former I have already given when speaking of simple mania. The Indian hemp would be specially called for when the mental delusions were of an exalted character. For puerperal melancholia Platina, *Pulsatilla*, *Aurum*, and *Arsenicum* would seem suitable: but I should have most confidence in *Actæa Racemosa*.

The disorders of *lactation* are greatly under the control of our medicines.

At the first coming in of the milk, *Aconite* will hasten the resolution of the fever, and *Bryonia* will relieve undue engorgement of the breasts threatening inflammation.

If the milk is late in appearing, or becomes after-

wards diminished in quantity, *Agnus castus* and *Asafœtida* are the medicines recommended. Dr. Kallenbach's cases illustrating the action of the latter are in the 'Brit. Journ. of Homœopathy,' vol. ii, p. 417.

Sulphur, *Calcarea*, *Silicea*, or *Mercurius* may be given according to the symptoms when the quality of the milk seems to be at fault, and the child rejects it.

Sore nipples require local applications, among which *Calendula* is important. *Phellandrium* is said to remove pain felt in these after each application of the child. Where this pain is of a neuralgic character, and shoots from the point of the nipple through to the scapula, Dr. Guernsey speaks in high terms of the value of *Croton*.

In weaning, *Bryonia* will prevent engorgement of the breasts, and *Pulsatilla* or *Calcarea* is recommended to diminish the flow of milk.

China is, as might be supposed, of the utmost value against the effects of over-lactation.

And now of the treatment of acute mastitis,—the much-dreaded "milk-abscess." I can nearly always promise you an arrest of this inflammation if taken sufficiently early. *Bryonia* is the great medicine for this purpose, in the 6th or 12th dilution. *Belladonna* is said to be preferable "when the tumid breast exhibits a surface with erysipelatous redness, and is glossy:" but I have never had occasion to use it internally, though before I became acquainted with Homœopathy the external application of the ointment was a favourite practice of mine. *Phosphorus* is recommended when it is

too late to prevent suppuration, to relieve pain, hasten the termination of the disease, and promote the healing of the abscess. It has several times cured a fistulous condition of the breast left behind after milk-abscess. When the "caking" of the breast, whether acute or chronic, is very great, *Phytolacca* is recommended to us by Dr. E. M. Hale: and from what I saw of its action in a case I recently treated I am disposed to confirm his good opinion of it.*

The last puerperal disorder of which I shall speak is the "white leg" or

Phlegmasia alba dolens.

When the symptoms of this disease depend upon a phlebitis extending from the uterine into the crural veins, *Pulsatilla* will pretty speedily effect their removal. But I imagine that the lymphatic vessels are often as much to blame as the veins: and that the latter are as frequently obstructed by coagula from a distance as primarily inflamed. I have certainly found it an obstinate affection: and Dr. Leadam's indications for remedies read rather hypothetical than as the result of successful experience.

And now, before leaving the disorders of the female sexual system, let me say a few words upon the phenomena of the

* There is a paper on this subject by a lady M.D. (American, of course) in the 'Brit. Journ. of Hom.,' vol. xxiv, p. 406.

Critical Age.

What I have to say is in the main a reproduction of a short paper "On some Remedies for Climacteric Sufferings" which I published in the 24th vol. of the 'Brit. Journ. of Homœopathy,' p. 619.

There are few women to whom the menopausia is not a time of considerable distress. They cannot call themselves, or be treated as, invalids; yet they rarely feel at ease. One of the most common of their troubles they call "flushes." They "come over," as they express it, in sudden heats, sometimes dry, more commonly accompanied with perspiration, but rarely if ever preceded by chill. The attacks last but for a few minutes, but recur frequently, and cause indescribable discomfort. The pathological condition appears to be a hyperæsthesia of the vaso-motor nerves, analogous to that of the cerebro-spinal system which obtains in hysteria. There is no arterial tension, and Aconite does not help. But we have a valuable remedy for it in *Lachesis*. Administered in the 6th or 12th dilution, it will rarely fail to reduce the trouble to a minimum, and to gain us the grateful thanks of our patient. I owe the original suggestion of this medicine to Dr. Madden. Dr. Gray, of New York, has recommended Sanguinaria, and Dr. Trinks Sulphuric Acid, for these flushes: so that you have something to fall back upon, should Lachesis fail you.

2. There are two forms of distress in the head

complained of by menopausal patients. The one appears to be a special local manifestation of that general hyperæsthesia of the vascular nerves which I have already described. There is little or no pain ; but the patients complain of great giddiness, with rush of blood, throbbing, beating, and roaring, sometimes with noises in the ears. Lachesis helps this, but not very decidedly. On the other hand, it finds in *Glonoine* a most efficient remedy. I believe that Dr. Kidd was the first to suggest this medicine for the malady in question ('Annals,' September, 1864) ; although the pathogenetic indications for it are so strong as to make it wonderful that no one had pointed out its applicability before. I have always used it, as recommended by Dr. Kidd, in the 3rd dec. dilution.

The other head affection of this period of life is a true ache, a burning pressure upon the vertex. Sometimes it is here, as elsewhere, a symptom of debility from loss of fluids ; as when the shifting menses occasionally stream forth profusely. In these cases the patient often complains of a feeling as if the head was opening and shutting. The medicines are obviously *China* and *Ferrum*. Quite as often, however, there is no such cause present to account for it, and the distress is purely sympathetic. In this case I have rarely failed to relieve with Lachesis.

3. The third climacteric affection I have to mention is "sinking at the stomach," and is very common. I have reason to suppose that the solar plexus with its ganglia is the seat of this distressing sensation, which is by no means confined

to menopausal subjects. In idiopathic cases unconnected with this change in the system, I find *Hydrocyanic Acid* an invaluable medicine. But in the sufferers under consideration its place seems taken by the *Actæa Racemosa*. "Faintness at the epigastrium" is a symptom of frequent recurrence in its pathogenesis; and its relation to the uterus makes it specially suitable. I give it in the 2nd and 3rd dec. dilutions, and rarely find it fail to relieve.

At the other extremity of the sexual life we are not unfrequently called upon for assistance. Sometimes it is simply a disturbance of the circulation, and *Aconite* is sufficient. If the catamenia are too scanty to begin with, a course of *Pulsatilla* is useful: if they are profuse and too frequent, *China* is generally the most applicable of the remedies for menorrhagia.

LETTER XLIX.

DISEASES OF THE SKIN.

THE Homœopathic treatment of cutaneous diseases may be pronounced to be in a very satisfactory state, especially as we claim for our method the results gained in chronic cases from Arsenic. In a review of Mr. Hunt's book in vol. xxi of the 'British Journal' (p. 660) I have argued out the homœopathicity of this drug to the skin affections treated by it. You will not find me recommending it indiscriminately for all forms of cutaneous disease: but there are not many of these upon which it has not some specific action. Of special Homœopathic literature on the subject we have a paper, mainly theoretical, by Dr. Russell, on "The Skin and its Diseases," in vol. x. of the 'British Journal of Homœopathy:' and some results of Dispensary practice in this sphere by Dr. Marston in the 'Monthly Homœopathic Review' for 1867.

My classification of skin diseases is based on those of Prof. Hughes Bennett and Mr. Erasmus Wilson. I think you will find it intelligible.

In the order *Exanthemata* we have to consider Erythema, Erysipelas, Urticaria, and Roseola.

Erythema.

This superficial inflammation of the skin is often

symptomatic only. When idiopathic, it is described as occurring under four forms, *e. læve*, *e. solare*, *e. intertrigo*, and *e. nodosum*. The simple form, and that from insolation, must be treated like erysipelas with *Belladonna*, and *Rhus* if vesicles form. Intertrigo is one of the special diseases of childhood. For erythema nodosum I can recommend *Apis* and *Arnica* : Dr. Madden also speaks well of *Rhus*.

Erysipelas.

The treatment of this malady is one of the triumphs of Homœopathy, and its remedies have been quietly adopted in the old school,—few following Liston's example, and recognising the source whence they were obtained. I am speaking especially of *Belladonna*. The pathogenetic power of this medicine to determine the blood to the skin is unquestioned : and its control over the cutaneous inflammation which obtains in erysipelas is one of the certainties of Medicine. I say especially "the cutaneous inflammation," for it is where inflammatory symptoms predominate, as in erysipelas simplex and phlegmonodes, that *Belladonna* is the great medicine. Where vesicles form (*e. miliare* and *phlyctenodes*) *Rhus* is better : and where there is less redness but more swelling (*e. œdematodes*) *Apis* should be given. When gangrene occurs, *Lachesis* is reputed the specific remedy : but *Arsenicum* may be needed.

When erysipelas invades the brain, *Belladonna* is doubly indicated : and for the erysipelatous angina *Apis* is an efficient remedy. In every form of the disease you will of course watch for symptoms indi-

cating Aconite: just as on the other hand you have learnt to give stimulants when these seem needed.

Urticaria.

In this disorder I have always given *Apis*, and with the best results,—the symptoms disappearing within three days, while Erasmus Wilson states their natural duration to be seven. I know, however, that *Urtica urens* is a favourite with some practitioners: and its recent proving has disclosed its power to cause a nettle-rash even when taken internally. In children, Teste states that it may be banished by a single dose of *Croton*.

In chronic urticaria—i. e. when any unusual article of diet will bring out the rash—the digestive organs must be seen to. But when there is nothing wrong with these, I have obtained most satisfactory results from the administration of *Arsenicum* and *Apis* on alternate days.

Roseola

requires no treatment but a few doses of *Aconite*.

In the first order you will observe that *Belladonna* is the typical remedy, *Apis* only leading a step farther. When now, in the order *Vesiculæ*, we pass from simple inflammation of the skin to that of a more effusive type, *Belladonna* is left behind, and *Rhus* takes its place. In this order we shall speak of *Eczema*, *Herpes*, *Scabies*, *Pemphigus*, and *Rupia*.

Eczema.

In simple acute eczema, I think you will rarely have occasion to use any medicine but *Rhus*. Teste recommends its alternation with *Ledum*; but I cannot see any warrant for this practice. On the other hand, I rank *Croton* only below *Rhus*: and think that it sometimes relieves the itching even sooner. In eczema rubrum *Mercurius* ought to be the specific remedy, as this is pathologically identical with the eczema mercuriale: but I am not acquainted with any record of its use. The same medicine would be suitable for e. impetiginodes.

In chronic eczema *Rhus* and *Croton* will still do much: but they will often need the re-inforcement of *Arsenicum*.

Herpes,

if occurring in its simple form, would doubtless be met by *Rhus*. But it is hardly known save in the forms of herpes zoster (shingles) and herpes circinnatus. The former has been treated by many remedies, as you may see by an extract from Rückert's later collection given in the 'Brit. Journ. of Hom.,' vol. xx, p. 492. I have myself never given any medicine for it but *Rhus*, and have been fully satisfied with the results. I must mention, however, Dr. Garth Wilkinson's testimony to the relief given to the itching by the local application of a Cantharides lotion. The neuralgic pains which sometimes linger, especially in old people,

after shingles are very troublesome. *Ranunculus* and *Cistus* may be suggested in addition to *Rhus* and *Arsenicum* for their removal.

Herpes circinnatus (ringworm of the surface) is usually treated, and with fair success, by *Sepia*. But when the proving of *Tellurium* produced so similar an eruption, I followed Dr. Metcalf in prescribing it instead of *Sepia* for this disorder, and have never failed to cure it speedily thereby.

Scabies.

This name calls up one of the main controversies of Homœopathy, in the connexion of itch with Hahnemann's celebrated psora-theory. I have already, when writing to you of Sulphur, expounded and discussed this theory: and you will see that my conclusion is that as far as scabies itself is concerned its very existence may be forgotten. No reasonable doubt can now exist but that the reception of the acarus is the proximate cause of the whole phenomena of the disease. You must of course destroy this insect as you would destroy lice: and if Sulphur ointment will do it more effectively than other more cleanly applications, we must have resort to it. The extensive experience of such men as Hebra and Erasmus Wilson may be taken as conclusive when they say that they have never seen any ill-effects from the practice.

Whether anything is gained by giving internal medicine in scabies I cannot say: though I generally do so. *Sulphur* itself is thoroughly homœopathic to the eruption, as you may see in Wurmb's

proving of the drug. *Croton* also, and *Hepar Sulphuris*, are recommended.

Pemphigus,

when recent, may be cured by *Rhus*, as I can testify. When chronic there is such a body of evidence in favour of *Arsenic* being specific that it would seem loss of time to give any other medicine.

Rupia.

Of the treatment of this malady I have had no experience, nor do I know of any in Homœopathic records. If it be true that it rarely appears in syphilitic subjects unless Mercury has been largely given, *Mercurius* would be a suitable remedy for the simple form, and *Iodine* and *Iodide of Potassium*, and *Aurum*, for the syphilitic. I imagine that rupia generally implies a broken-down constitution: and that cod-liver oil, with nutrients and stimulants, will do more for it than medicine.

I now come to the order *Pustulæ*, which includes Impetigo and Ecthyma.

Impetigo.

Some forms of this malady, under the names of porrigo capitis and crusta lactea and serpigiosa, are peculiar to children. In adults, I find *Viola tricolor* very effectual in recent cases of the simple kind. The impetigo crysipelatodes finds its remedy in *Tartar Emetic*; which is also sometimes curative

in the simple form, as in a case of Dr. Dudgeon's recorded in the 26th vol. of the 'Brit. Journ.' p. 311. For chronic impetigo you may try what Antimonium crudum and Kali bichromicum can do, and the latter especially is often curative; but you are still within the limits of Homœopathy if you fall back upon Arsenic, which Mr. Hunt finds as valuable here as in chronic eczema and psoriasis.—There is a case in the 'Brit. Journ. of Hom.' vol. xxii, p. 569, of impetigo figurata cured by Conium.

Ecthyma.

"The pustules," says Erasmus Wilson, "following the irritation of *Tartar Emetic* are ecthymatous." This fact would lead us to give it as a remedy in this disease, in one case of which, indeed, it has already proved curative.

I am doubtful where to class *rhagades*: but, as they often begin with pustules, I will mention them here. A very useful remedy for them is *Graphites*, given internally, and applied externally as an ointment.

One species of the order *Papulæ*—*Strophulus*—is a child's malady. The other two are Lichen and Prurigo.

Lichen.

Of this disorder I can only speak theoretically. But pathogenesis would suggest *Sulphur* as suitable for the simple form, and *Apis* for the lichen tropicus (prickly heat). In lichen agrius and chronicus we cannot do better than again fall back upon *Arsenic*.

Prurigo

also, when recent, is often removed by *Sulphur*, and when chronic by *Arsenic*. I believe that you will do better by persevering with these medicines than by trying all that cause itching of the skin. You can, and ought to, aid their action by all means for improving the cutaneous functions, especially Turkish baths: and in local prurigo external applications are generally unavoidable.

And now of the *Squamæ*, which are Pityriasis, Psoriasis, and Lepra.

Pityriasis.

Of this complaint I can only say that Teste recommends *Cantharis* for it, and that *Arsenicum* causes it more readily than any other eruptions, and so ought to cure it.

Psoriasis,

in its recent form, especially when affecting the hands, I have seen yield very rapidly to *Mercurius solubilis*. Even when chronic, much good is obtainable from this medicine: but you will generally have to give *Arsenic* to complete the cure, when this is attainable.

Lepra,

also, is usually met by *Arsenic* or its Iodide. But in one case, after *Mercurius*, the constitutional symptoms led me to *Iodine*, and a speedy and permanent cure rewarded my choice.

The *Tuberculæ* are Lupus, Cheloid, and Elephantiasis.

Lupus,

in the form called "exedens," is probably under the control of no other medicine but *Arsenic*; and this, as Mr. Hunt tells us, often has to be given for years to do its work. Of lupus non-exedens, I only know that Dr. V. Meyer mentions having cured a case with *Apis*, in the 4th dilution. The *Hydrocotyle*, of which I shall speak under the head of elephantiasis, might be useful here.

Of the treatment of cheloid I know nothing: but I must say a few words about that of

Elephantiasis.

The *Hydrocotyle Asiatica* is an esteemed native remedy for this disease. Its proving has displayed its elective affinity for the skin: and "lepra tuberculosa," which is an European approach to elephantiasis, has more than once yielded to it. I refer you for all information regarding it to a paper in the 'Brit. Journ. of Hom.,' vol. xvi, pp. 461 and 580. I once obtained great benefit from it in a case simulating the "Barbadoes leg:," and am now trying it in one of hereditary Indian elephantiasis.

LETTER L.

DISEASES OF THE SKIN (*continued*).

WE have discussed the orders of general cutaneous disease. Taking now the remaining constituents of the skin, we have as affections of the *papillæ* Ichthyosis and Warts. Of the former I can say nothing: but you will thank me for reminding you how to cure

Warts.

I am referring to what I said when writing upon *Thuja*. Uncertain in its local action when only one or two are present, I have never known its internal administration fail in dispersing them when they come in crops. *Calcarea* too is recommended for this purpose.

The affections of the *sebaceous glands* are Molluscum, Acne, and Sycosis.

Molluscum.

The only notice of this malady in Homœopathic literature with which I am acquainted is one by Dr. Dudgeon in the 'Hahnemann Materia Medica,' vol. i, p. 50. He there states that in a case then under his care the tumours of this curious disease

were disappearing under the action of *Silicea* and *Lycopodium*.

Acne.

The simple form of this disease, as it often occurs in young people, may generally be cured by *Belladonna* if the patients are full-blooded, by *Pulsatilla* if they are pale and slender. In more chronic cases *Sulphur* is required: and it is often useful to touch each prominence daily with a camel's hair brush dipped in the mother tincture. Acne rosacea is a very obstinate affection: and probably more good is got by constitutional treatment, especially directed against alcoholic toxication, than by cutaneous remedies. Carbo animalis, Antimonium crudum, Ruta, and Ledum,—as well as the never-failing Arsenic, have been recommended.

Sycosis menti.

There is a case of this disease in one of the earlier volumes of the 'Brit. Journ. of Hom.,' in which *Tartar Emetic*, externally and internally, was curative: and I have myself had a similar one. I have seen no benefit from Thuja or Antimonium crudum, both of which I have tried.

Under the head of affections of the *hair-follicles* I have to speak of Alopecia, Plica Polonica, and Favus,—reserving Ring-worm for the diseases of children.

Alopecia

includes as its simplest form the "falling of the hair" which results from general or local debility. *Phosphoric Acid* is often very serviceable in these cases. If the baldness be complete, whether general or in patches, you will of course first enquire after a syphilitic history: and if the taint be detected, you will, I think, find *Fluoric Acid* the specific medicine for this local manifestation of it. In non-syphilitic cases Mr. Hunt leads us to expect great things from *Arsenic*, but you must not forget Teste's singular experiences with *Aloes* ('Pharmacodynamics,' p. 64).

Plica Polonica

is said to have been cured by *Vinca minor*: but you are not likely to have an opportunity of treating it in this country.

Favus.

Is this disease primarily parasitic and local? If so, there is no need for me to discuss internal remedies for it. But you know that the question is a moot one: and that dissentients from the doctrine are to be found in the old school as well as in ours. Teste recommends, with apparent belief in their efficacy, Sulphur, Dulcamara, Oleander, and *Ilepar sulphuris* in its treatment. When the scrofulous diathesis is plainly marked, you will remember what I mentioned about the improvement in the beauty of the hair and the

cleanness of the scalp which has been observed to follow the use of Iodine in these subjects.

I have in conclusion to discuss the treatment of some miscellaneous affections of the skin and its appendages not included in the above categories. These are Boils, Carbuncles, Whitlows, Disease of the Nail-matrix, and Ulcers. Last I must say a few words upon the disorder of the cutaneous sensory nerves which we call Pruritus.

Furuncle

is a trouble about which you will probably be glad to know if we have any means of dealing with it. I can recommend the following bits of treatment to you with much confidence. If you can catch a boil in the stage of inflammatory engorgement, before matter has formed, it may almost always be blighted by repeated doses of the 1st dilution of *Belladonna*.* And if the boils, like sorrows,

“ come not single spies,
But in battalions,”

if they recur again and again, the constitutional tendency may with equal frequency be checked by a course of *Sulphur*.

The local management of boils, should they not have been blighted in their incipience, is of course a surgical matter: but possibly suppuration is favoured and expedited by *Hepar sulphuris* or *Silicea*. It is only right to mention that *Arnica* is supposed

* Dr. Madden tells me that even later still its progress may be arrested by *Silicea*, in the 3rd trituration; but of this I have no experience.

to have some specific influence over boils and the furuncular diathesis.

Carbuncle

is often nothing more than a large boil, and requires treatment accordingly. But when the inflammation is of a malignant type, and accompanied with prostration and other symptoms of blood-poisoning, then *Lachesis* or *Arsenicum*, preferably the former, will be required, as in malignant erysipelas.

Whitlow

may certainly often be arrested by the timely administration of *Silicea*, or of its analogue *Fluoric acid*. When the disease is fully established, you can conduct it through its course with considerable mitigation of suffering by persistence with *Silicea*, or (as Dr. Bayes recommends) with *Hepar sulphuris*. But that the homœopathic treatment of whitlow requires local aids is indicated by the recommendation of one of our leading German colleagues that Nitric Acid should be applied to the finger (see 'Brit. Journ. of Hom.,' vol. xxi, p. 218).

Disease of the Nail-matrix,

leading to impaired growth and mal-nutrition of the nails, has been caused by *Mercury*, and in a case under my own observation was cured by this drug.

Ulcers.

These, of course, are not diseases of the skin : but I cannot well range them under any other category. All, except sometimes the “weak” and “indolent,” require and repay constitutional treatment : but all, save the “scrofulous,” need local applications also. These last will often heal spontaneously as the general health improves under such medicines as *Sulphur* and *Calcareæ*. When they are slow to fill up, the Phosphate may be advantageously substituted for the Carbonate of Lime, according to Dr. Beneke’s suggestions (‘Brit. Journ. of Hom.’ vol. xvii). “Weak” and “indolent” ulcers should be treated by the local application of *Calendula*, in the proportion of a drachm of the tincture to an ounce of water. You should see that the lint soaked in the solution fits accurately to the ulcerated surface, and does not overlap the surrounding skin. If *Calendula* fails, apply *Kali bichromicum*, gr. j to Aq. ℥viiij, in the same manner. These applications are tolerably efficacious even by themselves : but they are much aided by the well-understood management which includes rest and support.

The remaining forms of ulcer require both constitutional and local treatment. For the “inflamed” ulcer, if it is the raw surface itself that is red and hot, *Arsenicum* will be most suitable, with water dressing : if the surrounding skin is the seat of chronic inflammation, give *Belladonna* and apply *Calendula* or *Hydrastis* in the manner practised at

the London Homœopathic Hospital (see 'Annals,' vol. v, p. 356, and 'Monthly Hom. Review,' Sept., 1867). The "irritable" ulcer is rather intractable: I think *Lachesis* a good medicine for it, but find it usually necessary to seal it up, so as entirely to exclude the contact of air. *Lachesis* is also useful for "phagedænic" and "sloughing" ulcers, as also is *Arsenicum*: the best local application for these is a weak solution of *Kreasote*. The treatment of the "varicose" ulcer is that of *Varicosis* itself: but you may with advantage apply to the sore the medicine you are giving internally.

Pruritus,

in its general form, is happily not common. If you have a case to treat, try first what can be done by attending to the general health, and improving the condition of the skin by baths, frictions, &c. If it does not thus yield, consider the exact nature of the itching, and the circumstances under which it is aggravated or relieved, and look out these symptoms in a good repertory. In this way, you will possibly find in *Opium*, *Nux vomica*, *Mercurius*, *Sulphur*, or some less-known medicine the remedy of which you are in search.

The local varieties of pruritus—all haunting the intracural region—are generally symptomatic, and demand a careful enquiry into their causes. *Sulphur* is sometimes useful for pruritus ani, and *Collinsonia* for pruritus pudendi: *Thuja* also must be borne in mind when there is much perspiration at this spot. But local pruritus is very rebellious

against internal remedies; and you will generally have to resort to the external applications in best repute, of which Mercury in some form—as the unguentum hydrargyri nitratis and Trousseau's hot solution of the bichloride—is the chief constituent.

Anent these diseases of the skin I will make a remark which is applicable to all diseases. I have often had to say of this or that morbid condition—"I know of no medicine homœopathic to it, or which has cured it." And I have perhaps hardly sufficiently explained what the Homœopathic practitioner is to do under such circumstances. He must treat the case *symptomatically*. Abandoning his special regard to the lesion he diagnoses or the trouble for which his patient consults him, he must consider the latter for the nonce as a bundle of symptoms, and with repertory and materia medica hunt for the medicinal analogue thereto. It is not a satisfactory method, either in its nature or in its results. Now and then, indeed, it enables you to make a brilliant hit: but you would find the misses many times more frequent if you often employed it. Still, it is better than nothing. It not uncommonly effects the extinguishment of special symptoms, which you may have thought irremovable save with the disease as a whole, and which have caused much distress. And sometimes the disappearance of the disease itself establishes the homœopathicity of the medicine to it, although its proving has not been carried sufficiently far or wide to effect the change in question.

LETTER LI.

DISEASES OF THE LOCOMOTIVE ORGANS.

As the organs of locomotion I shall class the Muscles, Bones, and Joints; and in the present letter will put down what I have to say upon the treatment of their morbid conditions.

And first, of the *muscles*. As there is no reason why these organs should not be attacked by inflammation, I will speak of

Myositis,

though I confess I know nothing practically about it. Should you encounter it, you will remember what I said when writing to you upon *Bryonia*, that both the symptoms of the provers and the post-mortem appearances make it probable that this medicine is a specific irritant to muscular fibre.

A far more frequent affection of the muscles is that now known as

Myalgia.

I need not tell you how much we are indebted to Dr. Inman of Liverpool for the identification of myalgia as a pathological entity. But we owe to Dr. Madden its naturalization—so to speak—in

Homœopathic regions, and the establishment upon a firm basis of its chief remedy. You will find the paper of his to which I refer in vol. xxv. of the 'Brit. Journ. of Hom.,' p. 76: and I feel sure that you will derive many a valuable hint from its perusal. *Arnica* is the grand remedy for myalgia in all its forms, especially when it results from fatigue or injury of the muscle. Even the heart, when its muscular walls have been strained by over-exertion, as from rowing, may have its integrity restored by this medicine, of which Dr. Bayes has furnished some valuable cases in point ('Monthly Hom. Review,' Dec. 1866). Another useful medicine for myalgia is *Actæa Racemosa*, which has the credit of having to all intents cured one of the severest and most obstinate cases of the kind on record. The seat of the affection was the diaphragm, and Dr. Madden himself was both the sufferer and the healer. You will find the narrative of the case, which extends over nine years, in p. 493 of the same volume of the Journal. *Gelseminum*, also, is of decided service, as recommended by Dr. E. M. Hale, for acute general myalgia, with feverishness, as from unwonted or undue bodily fatigue.

Spasms

of the voluntary muscles have several times come under our notice, as tetanus and tetany, torticollis, writer's cramp, and so on. In all these the nervous system is primarily at fault, and the muscular trouble is secondary. But what are called "cramps" may result from simple debility or over-fatigue,

when *Arnica* will help. The next most common cause is intestinal irritation, of which the choleraic cramps are a crucial instance. For these you will always think of *Cuprum*.

Before leaving the subject of muscular pain and spasm, the debility they imply may have its remedy allotted to it. This is *Digitalis*, whose power over muscular life we have already ascertained. You will find it a valuable adjunct to the rest and nourishment you will naturally prescribe for the radical cure of these patients.

The last affection of the muscles of which I have to speak is

Muscular Rheumatism.

I cannot at present follow Dr. Garrod in regarding this affection as a distinct disease: but it unquestionably requires different treatment from that of rheumatism involving the joints or fascia. *Bryonia* and *Tartar Emetic* are its reputed remedies when occurring in an acute and general form: but we know it best in the forms of pleurodynia (of which I have already spoken), of lumbago, and of stiffneck.

Lumbago, when quite recent, and especially when involving the lumbar *muscles*, will yield with pleasing rapidity to *Aconite* 1st decimal. There is a less acute variety, in which the lumbar *fascia* seem to me most affected, and where *Rhus* is preferable. You will notice how much the treatment of rheumatic lumbago corresponds with that of rheumatic sciatica. Like sciatica, also, lumbago has a non-

rheumatic variety, where *Actæa Racemosa* or *Nuxvomica* will prove more suitable, or perhaps *Arnica* may be required.

Stiff-neck may always, I think, be rapidly cured by one of two remedies,—*Aconite* if it results from a draught of cold air, *Dulcamara* if it arises from damp.

The first disease of the *bones* of which I shall speak is

Periostitis.

Of the syphilitic and mercurial forms of this disease, which are usually circumscribed, I will speak immediately under the head of “nodes.” The diffuse form is either acute, from cold or injury: or chronic, from rheumatism or scrofula. The specific tissue-irritants of the periosteum which we possess are *Mezereum*, *Phytolacca*, *Mercurius*, *Silicea*, *Kali bichromicum*, and perhaps *Guaia-cum*. In acute periostitis I should recommend the first of these, with *Aconite*: but when suppuration has taken place, *Silicea* is indicated, and should be persevered with until all symptoms have subsided. The propriety of incision, whether subcutaneous or direct, is a surgical question which I must leave to your discretion. “Periosteal rheumatism” is hardly an inflammation; I have already spoken of its treatment. Chronic periostitis in strumous subjects will commonly yield to the general diathetic measures you will adopt: but one or other of the medicines above mentioned may help in its removal.*

* *Ruta* and *Asafœtida* are spoken of as periosteal remedies: I have no knowledge of them in this capacity.

Nodes

are either "soft" or "hard." *Silicea*, which is good for either, is especially suitable to the former. When soft nodes form on the scalp, *Kali bichromicum* is perhaps superior in efficacy to *Silicea*. But for the genuine hard syphilitic node, with its nocturnal pain, we have no medicine like the *Iodide of Potassium*, with whose application Homœopathy seems to have little to do. You will see the rationale of the action of this remedy discussed by Dr. Madden in his paper upon it in the 'Brit. Journ. of Hom.,' vol. xxvi, p. 415. You will see also that we have no reason for expecting that its virtues will be displayed in infinitesimal doses.

Ostitis,

in the acute form, is practically identical with acute necrosis, as which I shall consider it. Chronic inflammation of bone, whether primary, or extending from the periosteum, is syphilitic, mercurial, or scrofulous. If syphilitic, the first question is whether the patient has been mercurialized. If not, *Mercurius* suggests itself as in every way a most homœopathic and suitable remedy. *Aurum* is its most important ally: and the two medicines may reinforce and replace one another until the cure is complete. Too often, however, the osseous disease owes its origin to the improper use of Mercury: and here our primary aim must be to antidote the poison. *Nitric Acid* is the most important agent we Homœopaths have for this purpose: and then

comes *Hepar sulphuris*. These medicines are likely to suffice when the mercurialization has not been extreme. But if the patient is in the latter unlucky case, or if the syphilitic diathesis is very pronounced, I cannot but think the ordinary prescription of *Iodide of Potassium* still more satisfactory.

Chronic scrofulous ostitis is nearly, if not always, caries : of which I shall now speak.

Caries

is reputed incurable under ordinary treatment, and is relegated to the knife. We have better auguries. Let me cite the following case :—it is given by Dr. Laurie in his “Elements.”

“A boy became affected, after scarlet fever, with caries of the temporal bone, which, during a period of five or six years, periodically broke out afresh, discharged an offensive pus, and then healed again. The entire left side of the cranium was arrested in its growth, and consequently rendered much smaller than the other side; the left eye also appeared strikingly smaller than the right one. The intellect of the boy was, nevertheless, not in any way affected. Several remedies improved, but failed in curing the caries. After the employment of *Fluoric Acid* the attack came on earlier, and in a more aggravated form than usual, but never returned. From that time onward the less half of the cranium commenced to grow, and the previous inequality of size between the two sides of the head became gradually less, and finally imperceptible.”

Besides Fluoric Acid, its chemical congener,

Silicea, is a valuable medicine for caries, as also are *Phosphorus* and *Acidum Phosphoricum*. The last should especially be chosen when there is free suppuration, and hectic is present. If the caries be syphilitic or mercurial, the treatment I have indicated for osteitis arising from these causes is required.

Necrosis

is, I imagine, not uncommon as an acute disease. I have seen three well-marked examples of it: and one of the patients all but succumbed to the intensity of the sympathetic disturbance. I can say nothing as to the effect of medicines upon the progress of the inflammation. *Aconite* in semi-material doses, internally and locally, would seem best calculated to be of service. Whether subsequently to an acute attack, or primarily chronic, we have often to treat a necrosis already accomplished, and the dead bone awaiting detachment. Here, as in caries, the question of surgical interference will arise: and here, as in caries, I would recommend you to refrain. Give *Silicea* as your basis remedy: bringing to its aid occasionally any other medicine which the general condition may seem to demand. You will see exfoliation gradually taking place, and your patient's health not suffering under the process. *Symphytum*, I should add, is a medicine recommended in aid of the detachment of the sequestrum.

Neuralgia of Bone

is, happily, rare ; should you encounter it, I would suggest the trial of *Zincum* as a remedy.

Mollities Ossium.

There is a paper on this disease by Dr. Arnold of Heidelberg in vol. vi of the 'Brit. Journ. of Homœopathy.' He recommends, apparently from experience, *Calcareæ* and *Iodine* in its treatment. Theoretically, I should have thought *Phosphorus* the specific remedy, if there be any : since mollities is unquestionably a fatty degeneration.

I have now to speak of the diseases of the *joints*, and shall begin with

Synovitis.

This inflammation, in its acute form, is readily manageable by Homœopathic remedies, without the need of the leeches, the blisters, or even the continuous cold to which you have been accustomed. If it has been excited by injury, you will do well to keep the joint covered by a weak *Arnica* lotion. Otherwise, simple water-dressing is the only local application necessary. You will of course keep the joint at rest, and, if practicable, elevated. Then, for internal medicine,—*Aconite*, if there is fever or intensity of local action, but alternated with the more specific remedies, *Bryonia* or *Pulsatilla* ; the former when, as often happens, the patient is rheu-

matic, although the synovitis be simple ; the latter in children, delicate women, and indeed in the majority of the cases in which synovitis occurs. The support of strapping or a bandage is all that is afterwards required to cause absorption of the effusion,—the medicines being continued. If suppuration has taken place, you should give *Hepar sulphuris*, and apply a solution of it externally : but I cannot promise you that the matter will be absorbed without evacuation. Should this latter have taken place, and matter be discharging, *Silicea*, also locally as well as internally, seems preferable to *Hepar*.

For the simple form of chronic synovitis I recommend,—if it be syphilitic or mercurial, *Kali hydriodicum* ; if it be rheumatic, *Mercurius*. But in either or any case the predominance of serous effusion over inflammatory thickening (“hydrops articuli”) leads to *Iodine* or its compound with potash as the most suitable remedy. Here again Homœopathy occupies common ground with the old school.

I can say nothing about the “brown fibro-gelatinous degeneration of the synovial membrane,” described by authors as occurring chiefly in the adult female. Chronic serofulous synovitis forms one variety of the disease which I shall call by the old but useful name of

White Swelling of the Joints.

This disease may begin, as you know, either in the synovial membrane, in the cartilage, or in the cancellous structure of the ends of the bones. The diagnosis of the different origins is important, as in

addition to the general anti-scorfulous medicines you will prescribe, those influencing the tissue primarily affected will be specially serviceable. There are few cases in which *Sulphur* and *Calcareo* and cod-liver oil will not be useful, given as an occasional course. But when synovitis has been the primary mischief, *Pulsatilla* or *Hepar Sulphuris* will help. The painful ulceration of the cartilages calls for *Mercurius corrosivus*. And when the disease has begun in the bones, *Silicea*, *Calcareo phosphorica*, and perhaps some of the other medicines I have mentioned as applicable to caries, are required. *Aconite* is often serviceable for constitutional irritation: but when this has assumed a distinctively hectic type, *Phosphoric Acid* is more suitable.

These remarks are of course applicable to disease of the hip—"morbus coxæ"—as of other joints. But here you will also find *Colocynth* a very useful medicine, relieving as it does much of the pain accompanying the disease, from irritation of the neighbouring nerves.

Arthralgia

is a convenient term, including as it does both the "hysterical joint" and neuralgia, often sympathetic, haunting the articulations. Hysterical joints, like hysterical sufferings generally, are obstinate things to deal with, and I have no special suggestions to offer beyond what I have said regarding hysteria generally. Nor do I think that neuralgia of joints is ever primary, so as to require a special medicine.

Should it be so, however, Plumbum should be thought of.

As closely connected with the joints, I must speak of bursitis and of ganglion.

Bursitis.

In acute inflammation of these sacs, *Aconite* and *Belladonna* are efficacious. In the chronic form, of which the house-maid's knee is a well-known instance, *Rhus*, internally and externally, has proved curative: but you may have to fall back upon the similar use of *Iodide of Potassium*. *Ruta* is sometimes good for bunion.

Ganglion,

also, has disappeared in my hands under *Ruta*: but I cannot tell you that it will always succeed.

LETTER LII.

DISEASES OF CHILDREN.

You will call this a very arbitrary division : and may perhaps be disposed to criticise it as unfitting to a scientific classification. Perhaps it is : yet I cannot doubt that it is practically useful to present under one view both the diseases peculiar to infancy and childhood, and the modifications of ordinary disease which these subjects present. The “*jucundé*” element in Homœopathic treatment naturally makes it sought to for children, so that we have large experience in the treatment of their maladies. The results of this experience I think it well to present in a connected form : and I do not think you will find the arrangement otherwise than convenient.

I will begin by passing down the classes of diseases already identified, and noting the treatment of such of them as are peculiar to children, or offer special characters when occurring in early life.

In addition to what I shall myself bring forward, you may consult the special treatises on ‘*Diseases of Children*’ by Hartmann, Hartlaub, and Teste, —all of which have been translated into English : and the remarks on the treatment of infantile disorders appended by Drs. Leadam and Guernsey to their gynecological manuals already cited.

Among the Blood Diseases I have purposely left for the present occasion one of the cachexiæ, rickets,

Rachitis.

We are learning more and more not to regard this malady as one seated in the bones only, but as a true constitutional diathesis ranking with scrofula and tuberculosis. "If a child cuts its teeth late, if it does not walk so early as other children, if the fontanelles are late in closing, the probability is that it is the subject of rickets," so writes Dr. Hillier.* He further defines it "A general disease of nutrition chiefly affecting infants, characterised at first by unhealthy alvine secretions, pains in the limbs, perspirations about the head, and subsequently by great muscular weakness and retarded ossification and dentition, softness of bones, with abnormal growth of cartilage, causing various deformities in the head, trunk, and limbs. In the spleen, lymphatic glands, and liver there is degeneration with enlargement, sometimes also in the cerebrum."

If, knowing these facts about Rachitis, we recognise the malady in its early stage, and trace its causation to improper diet, it is probable that regulation of the latter, and the administration of cod-liver oil and suitable medicines for the digestive derangement present, may be all that is required for use. But when the diathesis is well marked, and especially when unsuitable food has not originated it, you will have to seek to more specific

* Clinical Treatise on Diseases of Children. 1868.

medicines. I can expect little from the *Ruta*, *Staphysagria*, *Mezereum*, *Lycopodium*, and *Pinus sylvestris*, suggested by Hartmann; still less from the *Mercurius solubilis*, *Colchicum*, and *Sulphur* which are Teste's eccentric recommendations. Nor can *Calcarca*, I think, be regarded as a specific remedy for the rachitic diathesis. There is something more here, even in the bones, than deficiency of lime-salts. To *Phosphoric Acid*, on the other hand, I can follow Hartmann in ascribing great powers for good; and to it I will add *Silicea*. The former corresponds with the diarrhœa and the pains in the limbs, and perhaps to the bone disease and the albuminoid degeneration. The latter covers the perspirations about the head, the sensitiveness of the surface, and the tendency to increased growth of cartilage. With these two medicines, but especially with the latter, I can encourage you to expect great things in the treatment of rickets.

None of the fevers already mentioned present in children any aspects demanding special modifications of treatment. But there is one child's fever which is quite peculiar to early life, and well called

Infantile Remittent Fever.

I know that it is a question at the present day whether such a fever is a distinct pathological entity. But I cannot doubt its existence, and its independence of local inflammation. We have, moreover, a most excellent medicine for it in *Gelseminum*, which fact itself goes far to establish its essential nature. I recommend you to give this

medicine instead of Aconite when the remittent character of the fever is well marked. But it will generally need an ally to remove the gastric symptoms ; and this I have always found in *Pulsatilla* : though you must not forget *Antimonium crudum*. Should the head symptoms be prominent, the most suitable medicine is *Hyoscyamus*.

And now I have to speak of syphilis as occurring in infants, i. e.

Hereditary Syphilis.

I have nothing better to propose for the treatment of this malady, in its full constitutional manifestation, than the small doses of *Mercurius* to which you have been hitherto accustomed. The *Kreasote* recommended by Teste does not, I apprehend, reach deep enough for the developed disease, but only touches its cutaneous manifestations. If condylomata appear, *Nitric Acid* must be given : and if the cachexia is considerable, you may with advantage fall back upon *Aurum*. Hartmann, however, recommends *China* to support the little patient's strength in his struggle with the poison.

I pass now to the disorders of the Brain and Nervous System as they occur in childhood. I need not tell you how excitable these little brains are : and how readily they can be fretted into morbidity. Besides the judicious general management so important in these cases, you will find the utmost benefit from some of our medicines. On the one side stand those suitable for nervous erethism simply, which are *Coffea*, *Chamomilla*, *Ignatia*,

Hyoscyamus, and *Stramonium* : on the other those which reach to inflammatory mischief, of which *Belladonna* is facile princeps. The place and uses of these remedies are already familiar to you : and I shall have occasion to speak again of some of them under the head of Acute Hydrocephalus and of Morbid Dentition. I will come at once to the former of these.

Acute Hydrocephalus.

I fear we cannot but echo the melancholy experience of the old school of treatment, and say that fully developed tubercular meningitis is incurable. I have never seen a case recover when effusion had set in. But I must tell you what medicines appear to do most for the symptoms, or give us the most hopeful outlook. Let me first refer you to such information on the subject as our literature gives us.

Hartmann groups together the tubercular and the non-tubercular forms of meningitis, and hence his estimate of our power over the disease seems too flattering. He recommends Bryonia, Pulsatilla, or Zincum, according to the symptoms, for the stage of incubation : Belladonna and sometimes Bryonia in that of inflammatory excitement : and Helleborus and Sulphur when exudation has set in. Teste admits that tuberculous meningitis is incurable ; but speaks warmly of Belladonna and Bryonia in the simple variety. His editor, Dr. Fulte, confirms the value of Bryonia when effusion is impending : but recommends its alternation with

Helleborus. Leadam and Laurie appear to speak theoretically only: and Guernsey says nothing as to the prognosis under the remedies whose indications he gives. Dr. Bayes ('Brit. Journ. of Hom.,' vol. xxi, p. 22) relates a fatal case, and mentions another: but states that he has generally been successful with Pulsatilla in insidious cases, and with Belladonna and Aconite in those of an acuter type. Dr. Wahle, in an article on the disease in vol. ii of the same Journal, p. 285, commends Bryonia, Helleborus, and Sulphur: Dr. Elb considers Zincum effectual against paralysis of the brain in the last stage (qy.?): and Dr. Rummel considers Sulphur the fundamental remedy throughout. Dr. Russell relates a case apparently of the tubercular form recovering after effusion had set in under Aconite and Arsenicum: and Dr. Watzke had a similar result from the persevering use of Digitalis and Veratrum. More recently, America has given us Veratrum viride for the inflammation, and Apocynum for the effusion. And, in a German prize essay on the subject ('United States Medical and Surgical Journal,' vol. i, p. 237), Glonoine and Apis are regarded as specific in the two stages respectively.

I think that the general agreement as to the value of certain remedies—notably Belladonna, Bryonia, Helleborus, and Sulphur—points to a true power exerted by our remedies over meningitis as such, though there is no proof that they have cured a case where tubercle was the exciting cause. The possibility of the presence of the latter, however, in a given instance, affects the prognosis rather than

the treatment: and in the chance of its absence "nil desperandum" must be our motto. The following may be sketched as the most hopeful system of therapeutics for the disease.

In the premonitory stage, where digestive derangement is the prominent feature, you must remember the commendations given to *Pulsatilla*, in the medium dilutions, which indeed corresponds well with the symptoms present and the usual temperament of the patients. But do not continue it too long, especially after vomiting has set in. Then go at once to *Belladonna*, which is now your sheet-anchor. Some say the higher dilutions are best; but I have more confidence in the lowest: I have often seen the premonitory symptoms of cerebral mischief in children clear away under the 1st dec. dilution, alternated or not with *Aconite* according to the presence or absence of fever. Dr. E. M. Hale considers *Veratrum viride* to unite the virtues of both drugs:—I have no experience with it. *Belladonna* continues to be the proper medicine as long as effusion keeps off, unless you see good to substitute or interpose *Sulphur*, which you may wisely do if the symptoms do not abate: or you may go on to *Bryonia*. In the brain, as elsewhere, impending effusion is the indication for this medicine, as completed effusion is for *Helleborus*. In doubtful cases, *Belladonna* and *Bryonia*, or *Bryonia* and *Helleborus*, may be alternated, as recommended by Teste and Pulte. Here, again, *Sulphur* may be resorted to if the usual medicines fail. Beyond these I feel leaving firm ground: and can say nothing definite about the remaining medicines. There are, how-

ever, some curious recoveries mentioned in Peters' 'Treatise on Diseases of the Brain' as occurring from semi-material doses of Belladonna, which I think worthy of attention.

Chronic Hydrocephalus

is, as Watson says, a dropsy, while acute hydrocephalus is an inflammation. It is also rather a symptom of some general cachexia—as scrofulosis or rachitis—than an independent local disorder. Its treatment is accordingly best conducted with such medicines as *Sulphur*, *Calcarea*, and *Silicea*, though *Hellebore* may be a useful adjunct.

Convulsions.

I need hardly point out to you the importance of ascertaining whether there is any eccentric cause which may account for these phenomena in children. If such be detected, you will of course apply yourself to its removal as speedily as possible. But there will remain two classes of cases in which special treatment will be required. The first is where a morbid condition has been set up in the brain by some eccentric irritation, but does not disappear upon the removal of the exciting cause. *Belladonna*, *Hydrocyanic Acid*, and *Ignatia* are here the most important medicines: the first when the patient is full-blooded, the second when he is of the opposite constitution, and the third when the convulsions seem spinal rather than cerebral. Then again we frequently encounter convulsions as a

symptom of idiopathic brain disorder, or of the disturbance of that organ incident to other diseases, as the exanthemata. The main indication for treatment, as well expounded by Dr. Hitchman,* is the presence of excitement or depression of the brain, as indicated by the elevated or depressed fontanelle. The former requires Belladonna, and sometimes Aconite: if it comes on suddenly, *Glonoine* may be preferable. The latter is best helped by *Zincum*,—the lowest triturations of the oxide or the sulphate being most in favour.

Whatever medicine you select, you will best give it in the intervals between the attacks,—as, for instance, a dose after each fit. During the paroxysm itself, you may let the child smell at *Camphor*, which, Dr. Leadam says, will often calm a powerful convulsion instantly.

I should add that Teste, after recommending Kreasote 24 for the convulsions of dentition, and Stannum 30 for those arising from worms, states that “when convulsions in nursing children seem to be idiopathic, the only medicine to oppose to them is *Helleborus*.”

There is a form of Paralysis so peculiar to childhood that it is known as

Infantile Paralysis.

I do not mean by this the hemiplegia which is not uncommon in children, which is of cerebral origin, and dates nearly always from a con-

* “A Stray Leaf on Infantile Convulsions,” Brit. Journ. of Hom. vol. xxii, p. 109.

vulsion if it be not a symptom of organic disease. The "essential paralysis" of infancy is spinal; usually ushered in by a feverish attack; more or less general at first, but afterwards, if it do not altogether disappear, limited to a limb or two, or even to a group of muscles; and accompanied with atrophy of the latter organs. I think that all evidence is in favour of spinal congestion being the starting-point: and of hyperæmic softening and atrophy of the antero-lateral columns lying at the bottom of the confirmed cases. I should accordingly recommend *Gelsemium* in the early period, by which medicine the natural tendency to recovery might be furthered. Later, *Belladonna* and *Secale* become the most suitable medicines: and there is no reason why you should not give the paralysed muscles the benefit of localized galvanism.

LETTER LIII.

DISEASES OF CHILDREN (*continued*).

I HAVE nothing to add relative to the treatment of diseases of the eyes and ears in children, except to say that Dr. Leadam has just published ('Monthly Hom. Review,' Jan. 1869) a note on Ophthalmia Neonatorum, in which he states that Aconite 30, two globules every three hours, is sufficient to cure the disease without any other help save sponging with warm water and exclusion of light. When granular lids have supervened upon neglected cases, Zincum 5 is his remedy. Any hints from one so experienced in this branch of practice are valuable ; so I cannot resist enriching my pages with these observations.

I come now to the disorders of the Digestive Organs occurring in children, and take first the various forms of

Stomatitis.

This disease may be simple, aphthous, or malignant. I will speak of the two latter under the titles of aphthæ and cancrum oris respectively. Simple stomatitis (muguet), which is an exudative inflammation of the buccal mucous membrane, has no better medicine than *Kali chloricum*, which is

confessedly homœopathic to the morbid condition. I have treated a good many cases in children with the 1st dec. trituration with very satisfactory success.

Aphthæ.

In the treatment of thrush, also, we occupy common ground with the old school, and maintain the homœopathic specificity of the *Borax* which we give as well as they. It will cure when internally administered only, and in almost any dilution: but there seems no reason why its local application should not be conjoined. *Mercurius* is also homœopathic, and is well spoken of: Hartmann also commends *Sulphuric Acid*, and Teste *Muriatic Acid*,—both advising the local as well as the internal use of the medicines.

Cancerum Oris.

The well-known tendency of *Mercury* to cause this serious disease would justify us in opposing one of its salts to at least its primary manifestations. The only case I have seen was subsequent to measles, and yielded fairly to *Mercurius solubilis* and *Muriatic Acid*. But you should always hold *Arsenicum* in reserve, as the medicine of all others best fitted to cope with the disorganizing process we are now considering. In an epidemic of cancerum oris occurring in Germany, Arnold found this medicine, in the 3rd and 4th dec. triturations, the only curative.

As a child's affection of the tongue—though it is more than that—I will speak of

Stammering.

Great good may often be obtained in this affection by the persevering use of *Stramonium*. This is Teste's recommendation: and it is sustained by some cases which you will find in the 'Brit. Journ. of Hom.,' vol. xviii, p. 240. The medium dilutions seem most suitable.

The mention of the teeth in connexion with children at once introduces us to the large subject of

Morbid Dentition.

I am quite unable to agree with those who set down to teething almost all the troubles to which the yearling is subject. The cutting of the teeth is as truly a physiological process as is the growth of the bones: and in healthy children should and does pass off with scarcely more disturbance. Without doubt, however, when there is a predisposition to blood disease or to nervous disorder, the increased activity of the whole system during the process of dentition will tend to throw out these morbid proclivities, as in the shape of cutaneous eruptions or of convulsions. Again, if a child be or become cachectic, especially if he acquire rickety tendencies, dentition, like every other nutritive process, will be badly and so painfully performed. And then, if once the teeth come to be cut pathologically instead

of physiologically, the mouth becomes indeed the starting point of many other evils.

If you coincide with these views, you will follow me in a much more sparing use of the gum lancet than is fashionable around us: and will eagerly inquire into the medicinal resources at our command for restoring dentition to its normal quietude.

There is a general agreement that *Calcarea*, in the higher dilutions, is a most valuable medicine when the teeth are cut slowly and painfully, and the bowels are much disordered in sympathy with the mouth. But we are indebted to Teste for pointing out that there is a not unfrequent form of morbid dentition in which *Kreasote* is a superior remedy. This latter shows itself in thin, irritable, or cachectic children: it is characterised by extreme agitation and wakefulness while the teeth are being cut, and they often seem to decay as soon as they appear: the neighbouring parts are much inflamed, and the bowels tend to constipation. I can add my testimony to the great value of *Kreasote*, 12 to 24, in such a condition. It may be continued both in the intervals, and while the teeth are coming through. But if you are giving *Calcarea* as the constitutional remedy, you will require *Aconite* or *Chamomilla* at the time of cutting. The former is preferable when much fever is present, the latter when nervous symptoms predominate: and either in its place will give most grateful relief.

Of the convulsions of teething I have already spoken—they are best averted by the persevering use of the remedies for morbid dentition. The

diarrhœa which often occurs at this time will come under notice immediately.

Diarrhœa

in young children is always a serious disorder, and you will find it a great comfort both to yourself and to the anxious mothers of your patients if you can treat it successfully. Let me try to indicate the most suitable remedies for its many varieties.

1. The earliest diarrhœa of human life is that which affects children who are brought up by hand, and whose intestines reject the unnatural diet. No amount of approximation to mother's milk will render artificial feeding tolerable by these children: and if medicine will not help them they will die. I have found two medicines of great service in this condition, *Nux vomica* and *Lycopodium*. *Nux*, in the 1st dilution, I give in non-inflammatory cases; *Lycopodium*, in the 30th, where muco-enteritis has evidently been set up.

2. An acute inflammatory diarrhœa is much more common in infants and young children than in adults. It would run on, I suppose, if not checked, to dysentery; as its seat seems to be the colon. *Mercurius corrosivus*, generally alternated with Aconite, is the medicine on which I have depended, and with every reason to be satisfied.

Sometimes, especially when the inflammation is in the rectum, *Podophyllin* is a capital medicine. The following is a case in point.

“Sept. 5th, 1866.—At about 3 o'clock this afternoon I saw a little boy between two and three years

old, who had been taken ill at noon. From that time till now he had been seized every quarter of an hour with severe pain in the abdomen, followed by passing of a small quantity of mucus and blood. There was no vomiting or fever. I have nearly always given Podophyllin in such cases, but have looked upon the occurrence of prolapse of the rectum at each stool as pathognomonic of the remedy. The absence of this symptom in the present instance, and the prominence of the colic, led me in preference to Colocynth, of which I gave a drop of the 2nd dilution every two hours.

“Sept. 6th, 11.30 a.m.—No improvement whatever; the pain and purging have continued every quarter of an hour or so during the night, and the poor child looks much exhausted. I now fell back on the tried remedy, and gave half a grain of the third trituration of Podophyllin every two hours.

“Sept. 7th.—The little boy came walking into the room to see me to-day, looking quite himself again. The mother informed me that after the third dose of the new medicine (i. e. in four hours after beginning its administration) the pain and purging had both ceased, and had never returned since.”

3. Children are as liable as others to the diarrhœa set up by the heat of the weather: and the same medicines are applicable to them as to adults. But they have a form of summer-complaint quite peculiar to themselves, which is known in America as “cholera infantum.” Profuse vomiting and purging, with collapse, characterise it; and it is a very dangerous disease. I cannot feel that we have

the specific for it. *Veratrum*, which seems indicated, has always failed in my hands : *Arsenicum* has only been one degree better. *Iris*, of which I had great hopes at one time, will check the vomiting speedily, but leaves the bowels untouched. I gave Tartar Emetic a fair trial one summer, but it was very uncertain : and from *Elaterium* I got no results whatever. Dr. Madden's Australian experience (see 'Annals,' vol. v, p. 37), combined with Dr. Hempel's reiterated recommendations, makes it probable that *Aconite* should be the first medicine given in these cases. *Croton* deserves a trial : it is said to be especially indicated when the stools are ejected with great force.

Sometimes cholera infantum, after beginning more or less acutely, subsides into a chronic form, and threatens to carry off the child by marasmus. The mucous membrane of the intestines is then profoundly altered, and the condition called gastro- and entero-malacia is present. *Calcareæ acetica* and *Arsenicum*, in low potencies, have done best in my hands here ; but it is a not uncommonly fatal disease.

4. One of the most frequent causes of diarrhœa in children is dentition. If moderate, it is hardly well to interfere with it ; not improbably it acts as a safety valve. But if you do treat it, remember its origin ; and whatever medicine you give for the bowels, alternate with it one that acts on the nervous circuit along which the irritation has travelled. Such are pre-eminently *Chamomilla* and *Belladonna*. They will, especially the former, sometimes cure alone : but it is generally well to alternate with

them a medicine acting more specifically on the intestinal mucous membrane. *Mercurius* is most frequently required: it is especially indicated when the natural colour of the motions is most widely departed from. *Rheum* and *Magnesia carbonica* are not unfrequently useful (you will remember the Rhubarb and Magnesia of old): the former when the motions have an acid smell, and there is a good deal of colic.

5. There is, lastly, the diarrhœa which sooner or later accompanies all the "wasting diseases" of children. *Phosphorus* and *Phosphoric Acid*, and *Arsenicum*, are its medicines when it requires special treatment. With the latter, in the 3rd dec. trituration, I have many times arrested it in cases seemingly desperate.

Colic.

This name is often applied to all the abdominal pains of sucking infants: but I think unadvisedly. There are many cases in which there is no disorder of the bowels, and the gripings are evidently caused by the child having sucked in atmospheric air with its food, and distension or irregular contraction of the intestines being produced thereby. There is no disease present, and Chamomilla and Colocynth will make no impression. But give the baby a few drops of chloric ether in a teaspoonful of some aromatic water, and the "carminative" will indeed charm the pain away with the flatulence. Another so-called colic in infants consists in the gripings which accompany diarrhœa or disordered motions. Their

presence will rather help you to the right medicine for the primary malady than induce you to select a special remedy for themselves ; but if they are very severe, a dose of *Bryonia* or *Colocynth* will be helpful. Moreover, if the child is being brought up by hand, you will always do well to let him, under these circumstances, take lime-water instead of aqua pura with his milk.

True colic occurring in children is amenable to the same treatment as that for adults. But an additional remedy is recommended by Teste, in the shape of *Cina* 9—12, a dose every quarter of an hour. "The child tries," he says, "but in vain, to go to stool. At the most, he succeeds in the expulsion of gas, and incomplete stools, which give him no relief. The principal seat of the pain is a fixed point above the umbilicus. The pulse is normal, sometimes a little frequent ; but the face is pale and pinched."

Prolapsus Ani

is a not uncommon complaint in infants and young children. I mention it more especially, because I have, following Dr. Madden, obtained such satisfactory results from *Podophyllum*, 12th dilution, in its treatment.

Tubercular Peritonitis.

In one case in which I had every reason to suppose this condition to be present, recovery took place under the steady use of *Arsenicum* and *Calcarea*. *China* is recommended by both Hartmann and Teste : and *Sulphur* must not be forgotten.

LETTER LIV.

DISEASES OF CHILDREN (*continued*).

THE disorders of the Respiratory Organs constitute a most important group of the maladies of childhood. They include Laryngismus Stridulus, Hooping Cough, Croup, and Broncho-pneumonia. Besides these, I shall say something about the treatment of some other respiratory affections when occurring in childhood.

I notice Coryza in these subjects only to say that if *Nux vomica* fails to relieve the “stuffy” condition of the nostrils which so seriously interferes with sucking, *Sambucus* will often succeed. I come at once to

Laryngismus Stridulus.

That this disorder, the “Asthma Millari” of the old nosologists, has often been confounded with croup, I need not tell you. It is itself a pure spasm: but long ago it was pointed out how frequently it depended upon strumous disease of the bronchial glands, and now we are learning to regard it as very commonly a symptom of rachitis. The *Corallia Rubra* so lauded by Teste in its treatment may, from its calcareous nature, be suitable to these diathetic conditions as well as to the laryngeal spasm. I

believe smelling at *Moschus* to be the best means of relief during the paroxysms: but if they recur frequently, and are accompanied by carpo-pedal contractions, *Belladonna* must be given where there is arterial excitement and cerebral congestion, *Cuprum* where these symptoms are absent. Any obvious local excitant of the spasm must be removed by suitable means: but I think that such is rarely present.

Pertussis.

I shall begin by sketching to you the treatment of whooping-cough which in the great majority of cases has seemed to me amply satisfactory: and shall then give you the suggestions and results of others, and the most suitable remedies for its complications.

I regard whooping-cough (with Trousseau) as a specific pulmonary catarrh, the spasm being its differentia, but the catarrh being no less of its essence. I accordingly begin the treatment with *Aconite* and *Ipecacuanha* in alternation. Sometimes no other medicines are required. But if the spasmodic stage be well marked, *Drosera* had better be substituted. Whether given according to Hahnemann's plan,—a single dose being allowed to act for several days: or as recommended by Dr. Bayes, who administers a fractional dose of the mother-tincture after each fit of coughing: or in the ordinary way—this medicine is of undoubted efficacy. When the spasm has quite disappeared, it may be discontinued: and should the patient take cold during convalescence,

and the cough return, Aconite and Ipecacuanha should be resumed as at first. Under this plan of treatment I have seldom known uncomplicated whooping-cough to last, in its pronounced manifestations, longer than a month.

And now for other writers. Hartmann gives indications, in the catarrhal stage, for (besides Aconite and Ipecacuanha) Dulcamara, Pulsatilla, Chamomilla, Nux vomica, Scilla, Belladonna, and Carbo vegetabilis; in the spasmodic stage for (besides Drosera) Cina, Cuprum, Conium, and Veratrum; and in the stage of convalescence Hepar sulphuris and Sulphur. Teste's treatment is altogether a singular one. He begins with *Corallia Rubra* 30, which is taken for four or five days: then followed up by Chelidonium 6 until the cough has become merely catarrhal, when Pulsatilla is to finish off the case. I once treated a family of children on this plan, and they certainly all had the disease very mildly. *Corallia* has won commendations in whooping-cough from several physicians. Indications for these and several other medicines are given in an article on Whooping-cough in No. 3 of the 'United States Medical and Surgical Journal:' and there is also an article upon its treatment by Dr. Black in vol. xiv of the 'Brit. Journ. of Homœopathy.'

The complications of whooping-cough occur either on the side of the lungs or on that of the brain. The attack often sets in with acute symptoms of pulmonary congestion: and these yield rapidly to Aconite and *Phosphorus*. I should trust to the same medicines in the event of bronchitis or bronchopneumonia supervening in the course of the malady.

Primary pneumonia is rare ; but here, if ever, Teste's *Chelidonium* should be of service. Convulsions are a serious matter. When they are attended with symptoms of cerebral congestion,—the brain never properly recovering itself during the intervals between the paroxysms, *Opium* should be given in alternation with the medicine for the spasm : or, in full-blooded active children, *Belladonna* may be given alone. But if the convulsions seem just an extension of the essential spasm, and the symptoms approximate to those of laryngismus stridulus, *Hydrocyanic Acid* or *Cuprum* is the best medicine. But convulsions are more easily prevented than cured : and their best prophylactic is the medicine which is most effective in diminishing the violence and frequency of the spasmodic cough.

Croup

is one of the most important of children's diseases, from its acute accession, its violent symptoms, and its strong tendency to end in death. You will be pleased to know, therefore, that Homœopathy has remedies capable of coping with it in all its forms ; and indeed counts its treatment one of its chief therapeutic triumphs. Besides the full and satisfactory account given of its treatment by Hartmann, you will find a study of the several croup medicines in vol. v of the ' Brit. Journ. of Hom.,' an elaborate article on the disease by Dr. Elb of Dresden in vol. x, and cases by Prof. Henderson in vol. viii.

You will perceive from all these sources of information that the two leading remedies for croup

are *Aconite* and *Spongia*. In so-called "catarrhal croup" you may leave these medicines to be taken in alternation every hour or two, and be tolerably certain of finding your patient improved at your next visit. It is probable that many a case of true croup has been arrested in its incipience by this treatment. But however suddenly the symptoms may have set in, however evident may be the existence of membranous exudation, however late the commencement of Homœopathic treatment, do not omit your *Aconite*. Stay with your patient if possible, and give him a dose every quarter or half hour until the symptoms begin to abate. Then leave it to act for a while : and at your next visit you will judge if it is going to cure single-handed, or if it will require some more locally-acting remedy to supplement it.

In true membranous croup, the medicines between which our choice lies are *Iodine*, *Bromine*, and *Kali Bichromicum*. I am not disparaging the great service to therapeutics rendered by Hahnemann in indicating *Spongia* as the leading remedy for croup, when I give my preference to the *Iodine* itself which is its most important constituent. To Drs. Koch and Elb we owe the establishment of the value of *Iodine* in croup. Its volatility, moreover, enables its inhalation to be added to its internal administration,—a practice which has many times been followed with the utmost advantage. The very similarly acting *Bromine* has often been used with success, as you will see by the references I have given when writing to you upon that drug. It is probably best suited to the asthenic forms of the

disease, such as occur in unhealthy neighbourhoods. Kali bichromicum—of all medicines most homœopathic to membranous croup—has frequently cured it. A perusal of the cases given in the appendix to Dr. Drysdale's schema of the drug in the Hahnemann Materia Medica, and of those furnished by Dr. Paul Belcher to the 5th vol. of the 'North Amer. Journ. of Homœopathy,' and by Dr. Wright to the 14th vol. of the same Journal, will satisfy you on this head. I have never used it: but it is a medicine in which I have the utmost confidence in all the morbid states to which its proving points, and in which I have tested its powers.

Whatever medicine you choose, I recommend you to alternate it with Aconite. Croup is a neurophlogosis, and the spasmodic paroxysms need as much help as the continuous inflammation. When active disease has subsided, you will find *Spongia* or *Hepar sulphuris* useful in restoring the laryngeal membrane to its normal condition, the former when the cough is hard and dry, the latter when it is hoarsely mucous.

I must not leave the subject of croup without referring to the exceptional plan of treatment advised and warmly commended to us by M. Teste. "*Ipecacuanha* and *Bryonia*," he writes " (but given concurrently, for both would be inert alone), are in all cases, whatever be the form of the attack or intensity of the disease, the great modifiers of croupal angina." He recommends the dilutions from 6 to 12: and frequent repetition of the dose. This was long before M. Curie had demonstrated by experi-

ment the power Bryonia has of producing false membranes in the air-passages. As Ipecacuanha unquestionably corresponds with the neurotic element in croup, the prescription is soundly based: and there are not wanting testimonies to its efficacy.

Its comparative merits further experience must decide.

I have last to speak of bronchitis and pneumonia as they occur in children. They are more commonly met with conjointly than separately, and the mixed disease may fairly be called

Broncho-pneumonia.

This is practically equivalent to the "capillary bronchitis" and "lobular pneumonia" of authors, as the one rarely occurs without the other preceding or following. Let me repeat what I have said upon the bronchitis of children, in the paper before referred to upon that disease.

"The characteristic of bronchitis, as I have observed it in children, is the extreme rapidity with which the inflammation runs down the mucous membrane, and, involving the ultimate air-cells of the lung, becomes true pneumonia. Broncho-pneumonia, except in these subjects, I take to be very rare—rarer than pleuro-pneumonia, and still rarer than pneumonia simplex; and it comes fraught with double danger, the narrowing of the air-passages being super-added to the spoiling of the lung itself. When death results, it is from apnoea, with its blue lips, livid complexion, and cold extremities. I have very rarely seen a case go thus far under homœopathic

treatment; and I have only known one that did so recover.

"*Aconite* is as valuable in the bronchitis of children as it is in that of adults, if it is given soon enough. It will break up the catarrh, and leave nothing but a loose cough, which will be helped by *Ipecacuanha* if it is spasmodic—by *Pulsatilla* if otherwise. But very often we are summoned too late for the success of this abortive treatment. The dyspnœa, the crepitation, and the dulness on percussion, tell us that we have broncho-pneumonia to deal with. Now I do not affirm that *Aconite* does no good here. I only say that it cannot be depended on to cure, however much it may relieve the general distress. For myself, I generally abandon it altogether in favour of the great remedy for this form of the disease—*Phosphorus*."

I am disposed from later experience to modify the recommendation involved in the last paragraph, viz. the discontinuance of *Aconite* on commencing the administration of *Phosphorus*. I am disposed to think that the action of the former on the vaso-motor nerves aids the latter in modifying the tissue-irritation, and that without it the *Phosphorus* is even liable to cause aggravation.

What are we to do when, in these cases, asphyxia threatens? Chiefly, I think, to ascertain whether it is caused by the intensity of the inflammation, or by the profuseness of the mucus of resolution, or by impending "paralysis of the lungs." In the first alternative, we should push on with our *Aconite* and *Phosphorus*. In the second and third, our most potent allies should be *Tartar Emetic* and

Solania, as recommended for capillary bronchitis in the aged.

Belladonna is mentioned by several writers as of value in the pneumonia of children: and in the class of cases described by Dr. Hillier "in which cerebral symptoms prevail to such an extent as to mask the pulmonary symptoms, and often to mislead the practitioner," it ought to be quite in place. But it is primary "lobar pneumonia" in which this complication occurs. In its absence, Phosphorus is the medicine to be given: I am not sure whether Aconite helps it here or not. But for both "lobular" and "lobar" pneumonia in children we must weigh the claims of *Chelidonium*. This again is a medicine recommended, in an apparently arbitrary manner, by Teste: but which subsequent experimentation has proved to bear a true pathological relationship to the disease. I refer you to Dr. Buchmann's proving of *Chelidonium* ('Brit. Journ. of Hom.,' vols. xxiii—xxv); and especially to his remarks and observations regarding its use in pneumonia at p. 64 of vol. xxv. The cases given confirm Teste's recommendation of the remedy, even to its especial value when the right side is affected. His mode of administration, however, was not followed, which is to give a dose of the 6th or 12th dilution every quarter of an hour for four or six doses. "This done," he says, "we shall in an immense majority of cases, observe a marked, sometimes an astonishing, remission of all the local as well as the general symptoms." After this, other medicines may be given. Dr. Pulte appends a note to the American edition stating that this treatment has been found

very efficacious, in considerably shortening the attack : and that the administration of the Chelidonium in this way is generally followed by the peculiar greenish discharges characteristic of liver affection.

LETTER LV.

DISEASES OF CHILDREN (*continued*).

As I have discussed the lymphatic and lacteal system as part of the Circulatory Organs, this will be the place for considering the affections of the lymphatic and lacteal glands so common in scrofulous children. I shall do this under the two heads of Strumous Adenitis and Tabes Mesenterica.

Strumous Adenitis.

The medicines which meet with most general commendation in the treatment of enlarged lymphatic glands are Sulphur, Calcareo, and Silicea in one class: Rhus, Dulcamara, Mercurius, and Conium in another. The first three are considered most suitable when the scrofulous diathesis is well-marked: the latter when a local affinity for the glands is chiefly desired in the remedy. Rhus is highly commended by Hartmann when an inflamed gland is of a stony hardness. He would give one dose of a high dilution, and allow it to act for some time. Teste exalts Rhus into the primary medicine for all cases of scrofulous glands, giving repeated doses of the 2nd potency. He follows it up by Mercurius and Sulphur, stating that the latter medicine, if given first instead of last, will

only start but not complete a cure. Dulcamara is Hartmann's remedy when damp, Conium when contusion is the exciting cause,—conditions, I may add, to which the disease is very rarely traceable. He also suggests, on theoretical grounds, *Cistus Canadensis*.*

I have made pretty full trial of most of these medicines, but have found little satisfaction from any of them. I follow my brethren of the old school in accounting *Iodine* and its compounds the most important medicines for diseases of the absorbent glands. Its specific action upon them I have already argued at some length. Iodine itself, the Iodide and especially the Biniodide of Mercury, the Iodide of Potassium (with which I have seen my friend Dr. Belcher obtain very good results at our Dispensary), and the Iodide of Calcium—all are valuable in the treatment of strumous adenitis. As to external applications here, I apprehend that we should use them only to obtain with greater rapidity the specific effects of the medicines. With the external use of Iodine as a vesicant we can have no sympathy.

Tabes Mesenterica

is nothing more than strumous disease of the glands of the mesentery, and its general symptoms are due to the disturbance of the important part they play

* In the Leopoldstadt Hospital at Vienna, Clematis seems the favourite remedy for enlarged lymphatic glands: and Dr. Madden tells me that he has frequently obtained striking results from the 1st trit. of the arseniate of soda.

in nutrition. There is no reason, therefore, why we should depart from our *Iodine* in the treatment of this malady: and with it indeed I have made some of the most beautiful cures I ever saw in medical practice. The ensemble of symptoms unmistakably calls for it,—wasting, hectic especially marked by night-sweats, appetite alternately ravenous and deficient, dry laryngeal cough, and diarrhœa. When the last is severe, *Arsenicum* (not higher, I think, than the 3rd. dec.) is of great temporary service: but it has no curative power over the entire disease.

It is only right, however, that I should say that *Iodine* holds by no means this foremost place in the recommendations of others for mesenteric disease. *Calcareæ* is with most the favourite medicine: there is a case on record cured by it in the ‘Monthly Hom. Review,’ vol. vii, p. 24. Dr. Kidd recommends *Mercurius corrosivus* where there is evident inflammation of the glands, previous to the development of tabes, and I have followed his suggestion with decided benefit. Teste’s prescription is among his most curious singularities, viz. Sarsaparilla 18, Aloes 6, and Colchicum 12 in succession, each for a week or more, three or four times a day. From this medication he states that he has “obtained for several years past the most surprising results.”

The chief urinary difficulty with children is

Enuresis Nocturna,

which is often a very obstinate affection. Wherever

you can trace it to worms, you may give *Cina* with good hope of success. Again, when it is accompanied by a high-coloured and strong-smelling urine, *Benzoic Acid* will generally both render the urine normal and prevent its escape. But in the numerous cases which present neither of these indications you will have to decide between a large number of medicines: and here as elsewhere a multitude of remedies means small success with any. *Belladonna* and *Atropine* have in my experience met with the fewest failures: and next to these I would place *Causticum*. If you have to search farther for a remedy, I may refer you to a collection of cases of the malady from various sources in the 'North Amer. Journ. of Hom.,' vol. iii; and to cases illustrating the virtues of the *Plantago major* in the 'Brit. Journ. of Hom.,' vol. xxv, p. 319, and of *Thuja* in the same Journal, vol. xxvi, p. 491.

Gelsemium is also to be remembered: and the frequent connexion of the trouble with a too heavy sleep suggests the possible usefulness of *Opium*.

In Strangury, which in a slight form is not uncommon in children, as from cold or damp, *Aconite* or *Dulcamara* is serviceable. But unless one or other of these causes be distinctly traceable, you will be safer in prescribing *Belladonna*. When urinary troubles in children arise from their passing much red sand with their water, *Lycopodium* is specific.

The genital organs of male children are rarely the seat of disease: and when such occurs it is surgical rather than medical. The female child,

however, is sometimes troubled with a kind of leucorrhœa, which not unnaturally causes much trouble in the mind of her mother. It is readily curable by *Calcarea* and cleanliness. A more important disease of these subjects is

Noma Pudendi.

This affection appears to be precisely analogous to cancrum oris; and here there can be no question between *Mercurius* and *Arsenicum*, the local affinity of the latter being so much the greater.

And now of the cutaneous diseases of childhood, several of which are very characteristic of this period of life.

Intertrigo,

besides the obvious local management, is often greatly helped by Homœopathic remedies. *Chamomilla* is good in simple cases; *Lycopodium* where the chafing obstinately recurs, and seems constitutional; *Mercurius* where the parts affected are raw and very painful.

Impetigo has two local varieties very common in children, crusta lactea and porrigo capitis.

Crusta lactea

(tinea mucosa) is an impetigo of the face. I have every reason to be satisfied with the *Viola tricolor* recommended by Hartmann for this disease: but in

obstinate cases you may with advantage remember Teste's commendation of *Sepia*.

Porrigo capitis

(scalled head) is more difficult to cure. *Calcarea muriatica*, in the 1st dilution, is my favourite medicine: but *Sulphur* must often be interposed. *Silicea* is good where there is abundant suppuration, and *Viola tricolor* where itching is distressing. I believe it also to be important not to remove the crusts until there is reason to believe that the tendency to return of disease is checked.

A papular eruption peculiar to children is "red gum,"

Strophulus.

Chamomilla is generally its specific remedy: but where the digestive organs are at fault, *Pulsatilla* or *Antimonium crudum* may be required.

Ringworm.

That this disease is, when recent, amenable to internal remedies alone, seems to disprove the theory of its parasitic origin. The medicine for it is *Sepia*, at about the 6th dilution. But if this fails, you must resort to some local parasitocides, of which I suppose a solution of Sulphurous acid would be about the best.

There are a few miscellaneous affections of

children on whose treatment I shall remark before leaving the subject of their diseases.

Cephalhæmatoma

may disappear under the occasional application of a weak *Arnica* lotion: but should it linger, Dr. Guernsey states that a single dose of a high dilution of *Calcarea* will always disperse it.

Nævus

I have seen disappear under *Thuja* 12. *Calcarea* must here also be remembered.

Hernia

in infants is said to be sometimes curable by internal medicine, especially by *Nux vomica*. There can be no harm in trying.

Mastitis neonatorum

is generally produced by foolish endeavours on the part of nurses to squeeze out milk from the breasts. *Bryonia* is its specific remedy.

Icterus neonatorum

should be treated by *Chamomilla*, followed, if it should be required, by *Mercurius*.

Scleroderma neonatorum

you are hardly likely to see, unless you should become attached to a Foundling Hospital. Should

you ever meet with it, I recommend you to try *Bryonia*, which has caused and cured a similar affection (Haningkrankheit) in oxen (see 'Brit. Journ. of Hom.' vol. xxv, p. 25).

Trismus neonatorum,

when arising (as it usually does) from inflammation of the umbilicus, seems best treated by *Belladonna*, though I know of no experience regarding it. When from the influence of the mother's emotions through the milk *Ignatia* is most suitable.

A word from Hartmann in conclusion. "Small or highly attenuated doses at long intervals are best for a sick child, provided the remedy has been correctly chosen, which we may easily know from the fact that the child will fall into a sweet slumber after the first dose, and will awake refreshed and in better spirits." He is speaking, of course, of acute diseases.

LETTER LVI.

CASUALTIES—MISCELLANEOUS.

THIS will be my last letter to you. I shall devote it to the subject of Casualties,—mentioning under that heading what part our medicines play in the treatment of Wounds, Contusions, Strains, Burns, Chilblains, Stings, Fractures, Sunstroke, and Emotional Disturbances. For fuller information on the subject I refer you to Dr. Yeldham's papers on surgical subjects in the 'Brit. Journ. of Hom.' and the 'Annals,' and to Dr. Franklin's recently published work on the 'Science and Art of Surgery.'

Wounds.

The division of wounds into incised, punctured, contused, and lacerated is familiar as regards their surgical management: but it bears no less upon their medicinal treatment.

In "incised" wounds your one object is to secure union by the first intention. Besides the mechanical measures you will adopt for this purpose, *Calendula* comes in as the most potent "vulnerary" that has ever been discovered. Its influence is entirely inimical to suppuration: and, having itself no irritating properties, it may be

freely applied to the cut surfaces and edges. The strength may be from the pure tincture (as recommended by Dr. Leadam for ruptured perinæum) to a mixture of one part to eight of water or glycerine. An "Aqua Calendulæ," which is a strong infusion, was used in the earliest experiments made with the plant.

"Punctured" wounds may be aided in their healing by Calendula. They often give, however, an amount of general and local trouble out of all proportion to their size: and Teste appears borne out in his assertion that their specific remedy is *Ledum*, which may be used both externally and internally. If he is right, too, a potency not of the lowest should be selected for both purposes.

In "contused" wounds, it is generally admitted that the element "contusion" is of more moment than the element "wound." Hence *Arnica* should be given, and used in preference to Calendula. The latter may come in afterwards to promote healing, if required.

It was in "lacerated" wounds that *Calendula* first gained its reputation: and if the promotion of healing by the first intention were all that was needful, we should not have to look farther. But lacerated are like punctured wounds in the distress they cause,—both at the part and in the system at large: and this is especially of a "nervous" character. Accordingly, Dr. Franklin has been led to treat them with *Hypericum*, and reports the best possible results from its use. He makes the lotion with one part of the tincture to twenty of water.

Another order of wounds is the "poisoned."

Some of these will come under notice when we are upon bites and stings. But the dissecting wound is a familiar instance of the kind I now refer to. Inflammation of the absorbents leading from it may often be controlled by Aconite and Belladonna, and further extension of the mischief prevented. But if constitutional irritation is set up, Lachesis and afterwards China may be required, as advised for pyæmia. We have no special local treatment for these injuries.

For "surgical" or "traumatic fever" *Aconite* is always the medicine when its character is synochal, *Arsenicum* when it is typhoid, *Lachesis* when it is pyæmic, *China* when it is hectic. The last-named medicine, moreover, has acquired a high reputation in "traumatic gangrene," Dr. Franklin confirming herein from his experience the original report of its efficacy by Dr. Dake.

Contusions.

You know already the reputation of *Arnica* for bruises: and certainly the manner in which it removes the pain and discolouration is very gratifying, and quite of a specific character. It is generally used—as a lotion—in the strength of one part of the tincture to from twenty to forty parts of water. But Teste says that the potencies are quite as useful for external application: and if it be so, we shall be able to avoid the risk of setting up erysipelas, to which some people are liable from contact with this drug.

The only contusions to which *Arnica* is less

applicable are those which involve glandular parts,—as the female breast, and the periosteum,—as the tibia in kicks on the skin. *Conium* in the former, *Ruta* in the latter, are then its substitutes.

Strains

are supposed to be more benefited by *Rhus* than by *Arnica*: and some cases which you will find in vol. xxv of the ‘Brit. Journ. of Hom.,’ p. 662, bear out the opinion of its efficacy. It is said to be especially suitable in strains of ligamentous parts, as tendons and fasciæ, occurring in robust persons, and having the especial *Rhus* characteristic, that the pain is felt most when the parts are first moved, and becomes easier as the motion continues. But *Arnica* is a capital medicine for strains as well as bruises, and when the muscular fibre itself is the seat of the mischief is superior to *Rhus* or anything else.

Burns and Scalds

require different medicinal treatment according to their intensity and to the constitutional symptoms which accompany them.

Burns of the first degree—i. e. where erythema only, or but slight general raising of the cuticle obtains—are best treated locally by *Urtica urens*, in the proportion of one part of the tincture to twenty of water. Do not remove the rags when once applied, but keep them wet with the lotion.

For burns of the second degree—i. e. where

there is considerable vesication—*Cantharides* takes the place of *Urtica* as the external application. About the same proportions of tincture to menstruum, or a little more of the former, may be used.

Of the efficacy of these two remedies there is no question, and they are in general acceptance among us. But we have no such accredited medicine for burns of the third degree, where the cutis vera is involved, and the tissues are carbonized. Kreasote and Causticum have been thought useful, and I should myself try the former with some hope of benefit. But the constitutional treatment is here of more importance than the local, as the eschar must separate, and if it needs aid may receive it from the ordinary means of Surgery.

The constitutional treatment in cases of burn or scald depends upon the symptoms present. In burns of the first and second degree the uneasiness of the part affected is chiefly felt, and *Rhus* internally will aid the external applications in giving relief. But when these are extensive, and in burns of the third degree, the general symptoms are considerable. For the primary "shock" repeated doses of *Camphor* are helpful. If fever set in, the medicines recommended for surgical fever in its various forms come to our aid. We must also be on the look out for the duodenal mischief which Mr. Curling has shown to be so frequent after severe burns:—I have already mentioned the value here of *Kali bichromicum*.

The full effect of cold—frost-bite—is out of the

range of medicine. But I may give you some suggestions in aid of the treatment of a minor form of this evil,

Chilblain.

Agaricus, internally and externally, is of much repute in the treatment of this trouble. Should it not succeed, *Pulsatilla* is very good, especially when the itching is worse towards evening: and *Rhus* when the chilblains are inflamed.

Stings.

Teste speaks in the strongest terms of the rapid relief given in mosquito bites by the application or even internal administration of *Ledum*, so high as the 15th dilution. I suppose that the same treatment would be applicable to the stings of bees, wasps, and other venomous creatures. For serpent-bites the use of *Arsenic* in the form of the Tanjore pills is sufficiently specific and even Homœopathic for us: but I know of nothing which should supersede the usual ammonia and stimulants in these cases.

Fractures.

Besides the more obvious uses of medicines for this accident and its complications, they come into especial play when the bones seem disinclined to unite. If the patient be of a scrofulous constitution, I have verified Dr. Cogswell's recommenda-

tion of *Iodine* as promoting union. Should no such cause be traceable, you may test the claims which *Symphytum* makes by its very name to efficacy here: or you may, perhaps with more reason, follow Dr. Henriques in bringing into play the action of *Ruta* on the periosteum.

Sunstroke

finds a most homœopathic and effective remedy in *Glonoine*. Many cases are on record of its speedy efficacy in removing the acute symptoms: and I have found it no less useful in some of the after effects which linger about the patient. It is only when these are of a continuously hyperæmic type that they call preferably for *Belladonna*.

Emotional Disturbances

have received especial study from Homœopathic therapeutists: and the following are the main conclusions at which they have arrived.

The immediate effects of *fright* are best controlled by a dose—some say, of *Opium*, some, of *Aconite*. I should prefer the latter. But when fright has given rise to a genuine neurosis, as chorea or epilepsy, *Ignatia* is more suitable than any other medicine.

For the effects of *grief*, also, *Ignatia* bears away the palm, especially when the emotion is suppressed.

When *anger* has been the disturbing emotion, *Chamomilla* removes its effects, even when these reach as far as jaundice.

Beyond these well-tested recommendations, a good deal that is very hypothetical has been written about the remedies for the effects of emotion. You have probably enjoyed the fun made out of this material in 'My Novel.' But the subject is not less worthy of farther and more experimental study.

I must, last of all, introduce a new heading, "Miscellaneous," to include two diseases for which I can find no place in my nosology. These are Atrophy and Senile Gangrene.

By

Atrophy

I do not mean any form of phthisis or tabes induced by recognizable local disease. I refer to the inexplicable wasting away ("tabes sicca" of the old writers) sometimes seen in adults, and rarely cured. An interesting case of the kind is described by Dr. Scriven of Dublin in vol. ii of the 'Annals,' p. 208. A cure took place under the use mainly of *Natrum muriaticum* and *Arsenicum*. You will also remember how *Zincum* has caused a condition of this kind, to which the very name of "tabes sicca" was felt most applicable by the observer.

Gangræna Senilis

has so precise an analogue in the phenomena of ergotism that, if anything can arrest it, *Secale* ought to do so. There is a case in the 'Brit. Journ.,' vol. x, p. 335, in which the application of

this fact seems to have been successfully made. In the case of Archbishop Whately, who died of this disease, Secale was not given. An account of the last illness of this prelate is given by the same Dr. Scriven, who was his attendant, in vol. iii of the 'Annals,' p. 318.

And so I end my task. We have now surveyed together the whole field of disease, with a view to determining what Homœopathy has yet done or may yet do towards its conquest. I think you will feel with me that the result of our survey is eminently satisfactory. During the sixty years since the establishment of "*similia similibus curantur*" as the guide to specific medication, at least eight-tenths of the ills to which flesh is heir have been brought within its range of action. Of the two-tenths which remain, one consists of mechanical disorders requiring mechanical assistance; and the other is only awaiting fresh knowledge of diseases and drugs on our part for its annexation.

It is true that in the territory already won many patches remain whose cultivation is far from perfect, many diseases and varieties of disease for which we crave more perfectly fitting remedies. But the number of these is yearly decreasing. Even while these pages have been passing through the press, there is reason to hope that we have obtained a remedy for the graver forms of scarlatina as specific as Baptisia is for typhoid. This is the *Ailanthus glandulosa*. First suggested, on the strength of a case of poisoning observed by him, by Dr. P. P. Wells of Brooklyn in the 'American Homœopathic

Review,'—then commended to British readers by Mr. A. C. Pope in the 'Monthly Homœopathic Review,' its efficacy has now received practical confirmation in the hands of Dr. Andrew Chalmers. His cases, in the number of the latter Journal for Dec. 1868, are amply satisfactory : and Dr. Madden tells me that from what he has seen of the action of the medicine in some recent cases in London he has no doubt of its direct specificity and eminent value. I hope that this volume may do for Homœopathic Therapeutics something of what Bacon's 'De Augmentis' did for knowledge in general, and by noting deficiencies encourage the work which shall make them disappear.

And now I have only to bid you God speed and farewell. In becoming a practitioner of Homœopathy you have accepted a position which is as onerous as it is advantageous. Use your vantage ground for the promotion of the advance of medicine as well as for your own success in practice, that there may be a bearing of its *onera*, and not merely a receiving of its *munera*. I shall not regret then that I have for the last four years spent most of my leisure in putting together the materials for your work.

Yours ever affectionately,

RICHARD HUGHES.

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